KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Form CP-1 September 2003 This Form must be Typed Form must be Signed All blanks must be Filled

Please TYPE Form and File ONE Copy API # 15 - 185-23, 104-00-00 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued, indicate original spud or completion date Well Operator: Russell Oil Inc. KCC License #: 3293 City: Plainvfièlld Address: P.O. Box 1469 Zip Code: 6.0.544 Contact Phone: (815)609 - 7000 State: Illinois NE - SW Spot Location / QQQQ County: Stafford Peet (in exact footage) From North / X South (from nearest outside section corner) Line of Section (Not Lease Line) 1650 Feet (in exact footage) From East / X West (from nearest outside section comer) Line of Section (Not Lease Line) Check One: X Oil Well Gas Well D&A Cathodic Water Supply Well ENHR Docket # SWD Docket # ___ Conductor Casing Size: Set at: Cemented with: Set at: 549 Cemented with: 3.25 Surface Casing Size: 8-5/8" Set at: 3644 Cemented with: 175 Production Casing Size: 5-1/2" List (ALL) Perforations and Bridgeplug Sets: Perfs: 3544-52, 3560-66, 3576-82 Elevation: 1786 (XIGL./ T.D.: 3649 PBTD: 3620 Anhydrite Depth: 539 Condition of Well: 🗙 Good Casing Leak Proposed Method of Plugging (attach a separate page if additional space is needed): According to the rules & regulations of the State of Kansas. Is Well Log attached to this application as required? Yes X No Is ACO-1 filed? Yes No <u>Unavailable</u> If not explain why? ____ Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission. List Name of Company Representative authorized to be in charge of plugging operations: Leroy Hold II Phone: (815)609 Address: POO. Box 1469 _____City / State: __Plainfield, IL.____ Plugging Contractor: Mike's Testing & Salvage, Inc. KCC License #: 31529 (Company Name) Address: P.O. Box 4679 Chase, Kansas 67524 Phone: (620) 938-2943 Proposed Date and Hour of Plugging (it known?): ____ASAP

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 11-30-04 Authorized Operator / Agent: ___