

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 15-007-22,433 ~~0000~~ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR CMX, Inc. KCC LICENSE # 3532

ADDRESS 150 N. Main, Suite 1026 (owner/company name) CITY Wichita (operator's)

STATE Kansas ZIP CODE 67202 CONTACT PHONE # (316) 269-9052

LEASE Sternberger WELL# 8 SEC. 12 T. 35 R. 14 (~~East~~/West)

40'S of NE NE SE SPOT LOCATION/0000 COUNTY Barber

2270 FEET (in exact footage) FROM (S)/N (circle one) LINE OF SECTION (NOT Lease Line)

330 FEET (in exact footage) FROM (E)/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A SWD/ENHR WELL DOCKET#

CONDUCTOR CASING SIZE SET AT CEMENTED WITH SACKS

SURFACE CASING SIZE 8-5/8" SET AT 342' CEMENTED WITH 225 SACKS

PRODUCTION CASING SIZE SET AT CEMENTED WITH SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:

ELEVATION 1594/1603 T.D. 5000 PBTD ANHYDRITE DEPTH
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? Yes

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:

Keith Shahan PHONE# () (316) 296-4475

ADDRESS P.O. Box 245 City/State Hardtner, KS 67057

PLUGGING CONTRACTOR Allied Cementing KCC LICENSE #
(company name) (contractor's)

ADDRESS Great Bend, Kansas PHONE # () (316) 793-5861

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 02-10-94 1:00 p.m.

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 02/21/94 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)