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KANSAS CORPORATION COMMISSIGANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

September 2003 MAR 2 5 2005 This Form must be Typed Form must be Signed

All blanks must be Filled

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

15.035-19188.00.00 API # 15 - February 23,1951 ___(Identifier Number of this well). This must be fisted for wells drilled since 1967; if no API # was issued. indicate original spud or completion date February 23,1951 Well Operator: Phillips Oil Properties, Inc. (Owner / Company Name) ____ _{Citv:_}Wichita Address: 1822 S. Mead State: Kansas Zip Code: 67211 Contact Phone: (316) 265 - 7779 Lease:_Youle Sec. 15 Twp. 32 S. R. 4 Fast West Well #: 1 County: Cowley Spot Location / QQQQ 2581 ku 4.2005 (per.08) _ Feet (in exact footage) From 🗸 North / South (from nearest outside section corner) Line of Section (Not Lease Line) Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line) Check One: V Oil Well Gas Well Cathodic Water Supply Well ENHR Docket # _ Conductor Casing Size: NA Set at: ______ Cemented with: Surface Casing Size:_10 _____ Cemented with: _ Production Casing Size: 7 Cemented with: _ List (ALL) Perforations and Bridgeplug Sets: 2262-2269, 2300-2305, 2307-2318 Elevation: 1139 (□G.L./☑K.B.) T.D. 2333 PRTD. 2262 ___ Anhydrite Depth:__ ✓ Good Poor Junk in Hole Condition of Well: Proposed Method of Plugging (attach a separate page if additional space is needed): As per KCC regulations Is Well Log attached to this application as required? Yes V No Is ACO-1 filed? Yes V No If not explain why? Do not have any logs, scout card attached Plugging of this Well will be done in accordance with K.S.A. 55-101 et, seg, and the Rules and Regulations of the State Corporation Commission. List Name of Company Representative authorized to be in charge of plugging operations: Troy Phillips _____ Phone: (316) 265 - 7779 Address: 1822 S. Mead _____ City / State: Wichita, Kansas Plugging Contractor:_Braden Petrelium & Well Plugging (Contractor's) Address: 725 Oak Street /Burden/Kansas Proposed Date and Hour of Plugging (if known?): Soon Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator q ____ Authorized Operator / Agent: