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KCC WICHITA

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

FORM CP-1 (3/92)

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

API # 151-29-20008-0001 (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 Nadel and Gussman, L.L.C. KCC LICENSE # 32638
(owner/company name) (operator's)

ADDRESS 3200 First Place Tower CITY Tulsa

STATE Oklahoma ZIP CODE 74103 CONTACT PHONE # (918) 5833333

LEASE Williams WELL# 1-34 SEC. 34 T. 31S R. 42 (East/West)

C - SE - NW - NW SPOT LOCATION/QQQQ COUNTY Morton

4182 990 FEET (in exact footage) FROM S (circle one) LINE OF SECTION (NOT Lease Line)

4365 990 FEET (in exact footage) FROM E (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A SWD/ENHR WELL DOCKET# GPS-KCC-DG-3/24/14

CONDUCTOR CASING SIZE NA SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8-5/8 SET AT 1425 CEMENTED WITH UKN TOC - Surf SACKS

PRODUCTION CASING SIZE 4-1/2 SET AT 3241 CEMENTED WITH 275 sx SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 2831-39; 3013-23; 3083-89; 2778-84; 2786-96

ELEVATION 3482 GL T.D. 5150 PBDT 3204 ANHYDRITE DEPTH +/-900'
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Set CIBP @ +/-2750', cap with 10-15 sx cement. Set cement plug @ 1375-1475; set cement plug @ +/-800-900'. Cement plug @ +/-1--30'. Cut off 4-5' below GL and weld cap on csg.

(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:

To be determined PHONE# () _____

ADDRESS _____ City/State _____

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

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____ ASAP

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: Chuel Cobay
(signature)