

RECEIVED  
KANSAS CORPORATION COMMISSION

DEC 29 1992  
12-29-1992

TYPE OR PRINT

NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

LEASE NAME Hadley "A"

WELL NUMBER 1

4620 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 12 TWP. 31S RGE. 19W (E) or (W)

LEASE OPERATOR Pickrell Drilling Company, Inc.

COUNTY Comanche

ADDRESS 110 N. Market, Suite 205 --- Wichita, KS. 67202

PHONE# (316) 793-5742 OPERATORS LICENSE NO. 5123

Date Well Completed 12-14-92

Character of Well D&A

Plugging Commenced 12-14-92

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Plugging Completed 12-14-92

The plugging proposal was approved on 12-13-92 (date)

by Steve Durrant (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? No--electric log was not run.

Producing Formation None Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 5200

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

| Formation | Content        | From | To | Size   | Put In  | Pulled out |
|-----------|----------------|------|----|--------|---------|------------|
|           | Surface Casing |      |    | 8 5/8" | 688' KB |            |
|           |                |      |    |        |         |            |
|           |                |      |    |        |         |            |

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from \_\_\_ feet to \_\_\_ feet each set.

Plugged as follows: 50sx @ 1100', 50sx @ 720', 10sx @ 40', 15sx in rathole of 60-40 boz, 6% gel.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Pickrell Drilling Company, Inc. License No. 5123

Address 110 N. Market, Suite 205 - Wichita, Kansas 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pickrell Drilling Company, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

C. W. Sebts, President (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) C. W. Sebts, President  
110 N. Market, Suite 205  
Wichita, Kansas 67202

SUBSCRIBED AND SWORN TO before me this 29th day of December, 19 92

[Signature]  
Notary Public



Commission Expires: 6-06-94

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

FORM CP-1  
Rev. 2/89

WELL PLUGGING APPLICATION FORM  
(File One Copy)

API NUMBER \_\_\_\_\_ (of this well).

(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR \_\_\_\_\_ OPERATOR'S LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

LEASE (FARM) \_\_\_\_\_ WELL NO. \_\_\_\_\_ WELL LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_

SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RGE. \_\_\_\_\_ (E) or (W) TOTAL DEPTH \_\_\_\_\_ PLUG BACK TD \_\_\_\_\_

Check One:

OIL WELL \_\_\_\_\_ GAS WELL \_\_\_\_\_ D & A \_\_\_\_\_ SWD or INJ WELL \_\_\_\_\_ DOCKET NO. \_\_\_\_\_

SURFACE CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

PERFORATED AT \_\_\_\_\_

CONDITION OF WELL: GOOD \_\_\_\_\_ POOR \_\_\_\_\_ CASING LEAK \_\_\_\_\_ JUNK IN HOLE \_\_\_\_\_

PROPOSED METHOD OF PLUGGING \_\_\_\_\_

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? \_\_\_\_\_ IS ACO-1 FILED? \_\_\_\_\_  
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN \_\_\_\_\_

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.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

\_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLUGGING CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

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

SIGNED: \_\_\_\_\_  
(Operator or Agent)

DATE: \_\_\_\_\_