

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
245 North Water
WICHITA, KANSAS 67202

Rev. 6-3-74
FORM CP-1

WELL PLUGGING APPLICATION FORM
File One Copy

API Number 15 - 033 - 20,523-0000 (of this well)
Lease Owner Gould Oil, Inc. (for Scandia Resources)
Address P.O. Box 8640, Wichita, Kansas 67208
Lease (Farm Name) Bannick Well No. 1-33
Well Location C SE/4 NW/4 Sec. 33 Twp. 34S Rge. 16 (E) (W)
County Comanche Total Depth 5320 Field Name _____
Oil Well Gas Well Input Well SWD Well Rotary D & A
Well Log attached with this application as required Forwarded
Date and hour plugging is desired to begin 5:00 a.m. 2-23-82

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

Name of company representative authorized to be in charge of plugging operations:
K. O. Steinert Address P.O. Box 846, Pratt, Kansas 67124

Plugging Contractor Eagle Drilling, Inc. License No. _____
Address P.O. Box 8609, Wichita, Kansas 67208

Invoice covering assessment for plugging this well should be sent to:
Name Gould Oil, Inc. (for Scandia Resources)
Address P.O. Box 8640, Wichita, Kansas 67208

RECEIVED
STATE CORPORATION COMMISSION
MAR 12 1982
3-12-82
CONSERVATION DIVISION
Wichita, Kansas

and payment will be guaranteed by applicant or acting agent.

Signed: *Robert L. Eady*
Applicant or Acting Agent

Date: March 5, 1982

15-033-20523-0000
STATE OF KANSAS

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado, Derby Bldg.
Wichita, Kansas 67202-1286

INVOICE and WELL PLUGGING AUTHORITY

March 4, 1982

INVOICE NUMBER: 9546-W

TO: Scandia Resources Inc.
% Gould Oil Inc.
Box 8640
Wichita Kansas 67208

PAID UPON RECEIPT

PLUGGING ASSESSMENT AS FOLLOWS:

Bannick #1-33
1780' FWL & 2080' FNL Sec. 33-34-16W
Comanche
5320' \$172.90

NOTE: We also need the following before our file is completed:

X _____ Well Plugging Record (CP-4)
X _____ Well Log
X _____ Well Plugging Application (CP-1)

WELL PLUGGING AUTHORITY

Gentlemen:

This is your authority to plug the above subject well in accordance with the rules and regulations of the state corporation commission.

This authority is void after ninety (90) days from the above date.

Administrator

Mr. Paul Luthi Box 495 Minneola Ks. 67112 (316) 885-4838

_____ is hereby assigned to supervise the plugging of the above mentioned well.

RETURN PINK COPY WITH REMITTANCE