

API NUMBER 15-033-20891-0000

LEASE NAME Bobwhite

WELL NUMBER. #10-1

770 Ft. from S Section Line

4950 Ft. from E Section Line

SEC. 10 TWP. 34S RGE. 20 (E) or (W)

COUNTY Comanche

Date Well Completed 8/18/94

Plugging Commenced 8/17/94

Plugging Completed 8/18/94

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

LEASE OPERATOR Cody Energy, Inc.

ADDRESS 7555 E. Hampden Ave., Ste. 600, Denver CO. 80231

PHONE#(915) 686 0181 OPERATORS LICENSE NO. 31232

Character of Well D & A

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

The plugging proposal was approved on 8/17/94 (date)

by Glen Burlow (KCC District Agent's Name).

Is ACO-1 filed? No if not, is well log attached? No

Producing Formation None Depth to Top NA Bottom NA T.D. 6460'

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
None		0	40	20"	40	0
		0	698	8.5/8"	698	0

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 plug were used, state the character of same and depth placed, from feet to feet each section.

6350' - 40 sx cement RH - 15 sx cement  
950' - 50 sx cement MH - 10 sx cement  
40' - 10 sx cement

Name of Plugging Contractor Halliburton License No. NA

Address Pratt, Kansas

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Cody Energy, Inc.

STATE OF Colorado COUNTY OF Denver, ss.

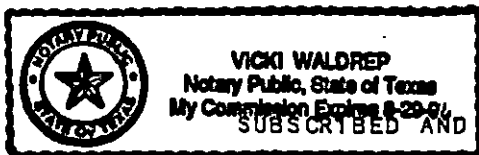
Rock Petty (Employee of Operator) or (Operator)

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) Rock Petty

731 W. Wadley, Ste. 0-114

(Address) Midland, Texas 79705



SUBSCRIBED AND SWORN TO before me this 25th day of August, 19 94

Vicki Waldrep Vicki Waldrep

Notary Public

My Commission Expires: 8/29/94

USE ONLY ONE SIDE OF EACH FORM

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 # \_\_\_\_\_ (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 \_\_\_\_\_ KCC LICENSE # \_\_\_\_\_  
(owner/company name) (operator's)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CONTACT PHONE # ( ) \_\_\_\_\_

LEASE \_\_\_\_\_ WELL# \_\_\_\_\_ SEC. \_\_\_\_\_ T. \_\_\_\_\_ R. \_\_\_\_\_ (East/West)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- SPOT LOCATION/QQQQ COUNTY \_\_\_\_\_

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

\_\_\_\_\_ 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 \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

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

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: \_\_\_\_\_

ELEVATION \_\_\_\_\_ T.D. \_\_\_\_\_ PBDT \_\_\_\_\_ 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? \_\_\_\_\_ IS ACO-1 FILED? \_\_\_\_\_

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:

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

ADDRESS \_\_\_\_\_ City/State \_\_\_\_\_

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

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

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) \_\_\_\_\_

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

DATE: \_\_\_\_\_ AUTHORIZED OPERATOR/AGENT: \_\_\_\_\_  
(signature)

