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

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

API # 15-151-22,103 00 00 (Identifier number of this well). This must be listed wells drilled since 1967; if no API# was issued, indicate spud or completion date.	i for te.
WELL OPERATOR Larson Operating Co. a Div. of Larson Eng., Inc. KCC LICENSE # 3842  (owner/company name) (operator's ADDRESS 562 W. Highway 4 CITY Olmitz,	s)
STATE Kansas ZIP CODE 67564-8561 CONTACT PHONE # (316) -653-7368	
LEASE _ Curtis WELL# 1 SEC 18T 26S R 15 / E ASE / V	
C S/2 SW - NE - NE SPOT LOCATION/QQQQ COUNTY Pratt	,
4125 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease :	
990 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease	
Check One: OIL WELL GAS WELL D&A _x SWD/ENHR WELL DOCKET#	orne,
CONDUCTOR CASING SIZE SET AT CEMENTED WITH	67CK6
SURFACE CASING SIZE 8-5/8" SET AT 445' CEMENTED WITH 300	
PRODUCTION CASING SIZE SET AT CEMENTED WITH	SACKS
LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:	
ELEVATION 2040' 2045' T.D. 4410' PBTD ANHYDRITE DEPTH (Stone Corral Formatio	n)
CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE	
PROPOSED METHOD OF PLUGGING	
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(If additional space is needed attach separate page) 🛱 💆 🛒	
IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ABOUT FILED TO THE PROPERTY OF TH	
If not explain why?	
PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 Set Section Rules and Regulations of the State Corporation Commission.	THE
LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERAT	ions:
K. Scott Branum PHONE# (913 -483-5345	
ADDRESS P. O. Box 506 City/State Russell, KS 67665-0506	
PLUGGING CONTRACTOR Emphasis Oil Operations KCC LICENSE # 750	)
(company name) (contractor' ADDRESS P. O. Box 506, Russell, KS 67665-0506 PHONE # \$\text{913}\) -483-5345	s)
PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 4:30 p.m. on 8-21-93	
PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE QUARANTEED BY OPERATOR OR	AGENT
DATE: 8-21-93 AUTHORIZED OPERATOR/AGENT:	
(signature)	