

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market, Room 2078
Wichita, Kansas 67202-3802

FORM CP-1
Rev.03/92

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

API # 15-051-24965 0000 (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 Noble Petroleum Inc. KCC LICENSE # 31389
(owner/company name) (operator's)

ADDRESS 3101 North Rock Road CITY Wichita

STATE Kansas ZIP CODE 67530 CONTACT PHONE # (316) 636-2222

LEASE North WELL # 1 SEC. 28 T. 15S R. 20 (~~East~~/West)

C-W/2 E/2 SW SPOT LOCATION/OOOO COUNTY Ellis County, Kansas

1345 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

1687 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 8-5/8" SET AT 334.68' CEMENTED WITH 190 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 2280/2289' T.D. 4078' PBTD 3950' 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 Duke Drilling Co., Inc KCC LICENSE # 5929
(company name) (contractor's)

ADDRESS _____ PHONE# () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) May 28, 1997 2:45 PM

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____

(signature)

RECEIVED
KANSAS CORP COMM
JUN 20 1997