

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

FORM CP-1 (3/92)

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

API # 15-195-21785-000 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date. 10/03

WELL OPERATOR Craig Oil Company KCC LICENSE # 31341  
(owner/company name) (operator's)

ADDRESS 15 South Main CITY Russell

STATE KANSAS ZIP CODE 67665 CONTACT PHONE # (785) 483-1543

LEASE Fabrizius WELL# 2 SEC. 3 T. 14 R. 22 (East/West)

NE-SE-SW SPOT LOCATION/QOOQ COUNTY Trego

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

2970 FEET (in exact footage) FROM E (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL  GAS WELL  D&A  SWD/ENHR WELL  DOCKET# D-24378

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

SURFACE CASING SIZE 8 5/8 SET AT 256' CEMENTED WITH 180 SACKS

PRODUCTION CASING SIZE 4 1/2" 1783 SET AT 1783 CEMENTED WITH 300 SACKS

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

ELEVATION 2319 2324 T.D. 4320 PBTD \_\_\_\_\_ ANHYDRITE DEPTH 1761  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR  CASING LEAK  JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Down Casing

RECEIVED  
APR 10 2003

(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:

Ward Craig PHONE# (785) 483-1543

ADDRESS 15 South Main City/State Russell Kansas

PLUGGING CONTRACTOR Allied KCC LICENSE # None Required  
(company name) (contractor's)

ADDRESS Box 31 PHONE # ( ) 483-2627

PROPOSED DATE AND HOUR OF PLUGGING (If Known?): 4-10-03 Plugged

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

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