

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

FORM CP-1
Rev. 6/1/84

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 20710-0000 15-119-20,712 (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR Deck Oil Company OPERATORS LICENSE NO. 6731

ADDRESS P. O. Box 6; Liberal, KS 67901 PHONE # (316) 624-3767

LEASE (FARM) Jennings WELL NO. 9-2 WELL LOCATION C-E/2-SE-NW COUNTY Meade

SEC. 9 TWP. 33S RGE. 30 ~~(E)XXX(W)~~ TOTAL DEPTH 5850' PLUG BACK TD ---

Check One:

OIL WELL _____ GAS WELL _____ D & A X SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE 8 5/8" SET AT 1573' CEMENTED WITH 850 SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT N/A

CONDITION OF WELL: GOOD X POOR _____ CASING LEAK _____ JUNK IN HOLE _____

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL Using 60/40 Poz, 6% gel, 50 sx @ 1600',
50 sx @ 800', 10' sx from 40' w/ solid bridge to surface; 15 sx in RH, 10 sx in MH.

(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? Yes
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 1:00 AM 7-4-85

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.

NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

R. F. Burke PHONE # (316) 624-3767

ADDRESS P. O. Box 6; Liberal, KS 67901

PLUGGING CONTRACTOR Dowell LICENSE NO. _____

ADDRESS Ulysses, KS PHONE # (316) 356-1272

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: R. F. Burke
(~~XXXXXXXXXX~~ Agent)

DATE: 7-8-85