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 # 15-025-20,593-00-00 (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 C. H. Todd, Inc. (owner/company name) KCC LICENSE # 5055 (operator's)

ADDRESS 100 Sotuh Main, Suite 415 CITY Wichita

STATE Kansas ZIP CODE 67202 CONTACT PHONE # (316) 264-7566

RECEIVED
KANSAS CORPORATION COMMISSI
JAN 09 2003
CONSERVATION DIVISION
WICHITA, KS

LEASE Barby Harper WELL# 6-22 SEC. 22 T. 34S R. 21 (~~XXX~~/West)

___ - NW - NW - NE SPOT LOCATION/QQQQ COUNTY Clark

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

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

Check One: OIL WELL X GAS WELL __ D&A __ SWD/ENHR WELL __ DOCKET# ___

CONDUCTOR CASING SIZE 20" SET AT 86' CEMENTED WITH 300 SACKS

SURFACE CASING SIZE 13-3/8" ~~8-5/8"~~ SET AT 375' ~~851'~~ CEMENTED WITH 500 ~~600~~ SACKS

PRODUCTION CASING SIZE 4-1/2" SET AT 4474' CEMENTED WITH 175 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 4289'- 4296'

ELEVATION 1780 (G.L./K.B.) T.D. 4475' PBTD 4433' ANHYDRITE DEPTH 950' (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING Plug by pulling casing and plug per KCC recommendation.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes 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:

David Pauly PHONE# (316) 250-2045

ADDRESS 100 S. Main, Suite 415 City/State Wichita, KS 67202

PLUGGING CONTRACTOR Quality Well Service (company name) KCC LICENSE # __ (contractor's)

ADDRESS ~~401 West Main, Lyons KS 67554~~ PHONE # (620) 727-3409

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 1-15-03 Plugged

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

DATE: 1-09-03 AUTHORIZED OPERATOR/AGENT: ___ (signature)

David B. Pauly Jr.