

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

API # 15-191-22,225-00⁰⁰ (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 SOUTH OAK PRODUCTION COMPANY KCC LICENSE # 31140
(owner/company name) (operator's)

ADDRESS P.O. Box 52093 CITY Lafayette

STATE LA ZIP CODE 70505 CONTACT PHONE # (318) 232-5063

LEASE DVORAK WELL# 1 SEC. 9 T. 34S R. 3 W (East/West)

- SE - NW - NE SPOT LOCATION/QQQQ COUNTY Sumner

1,000 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

1,600 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 307' CEMENTED WITH 200 SACKS

PRODUCTION CASING SIZE -- SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: --

ELEVATION 1230/1235 T.D. 4846' PBTD -- ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING per KCC recommendations

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? yes IS ACO-1 FILED? herewith
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:

ALLEN DRILLING COMPANY PHONE# () 316/793-3582

ADDRESS P.O. Box 1389, City/State Great Bend, KS 67530

PLUGGING CONTRACTOR ALLEN DRILLING COMPANY KCC LICENSE # 5418

(company name) (contractor's)
ADDRESS P.O. Box 1389, Gt. Bend, KS PHONE # () 316/793-3582

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 3/04/93 - Completed 6:30 AM

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

DATE: 10/25/93 AUTHORIZED OPERATOR/AGENT: _____

(signature)

RECEIVED
STATE CORPORATION COMMISSION
OCT 28 1993

CONSERVATION DIVISION
Wichita, Kansas