

RECEIVED
 CORPORATION COMMISSION
 DEC 18 1992
 CONSERVATION DIVISION
 WICAR-LON OPERATING

TYPE OR PRINT
 INSTRUCTIONS: Fill out completely
 and return to Coas. Div.
 office within 30 days.

LEASE OPERATOR WICAR-LON Operating

ADDRESS Box 158 Lamont, Oklahoma 74643

PHONE # (405) 388-4567 OPERATORS LICENSE NO. 30900

Character of Well D&A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 11-14-92 (date)

by District #2 Ralph Tittle (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation none Depth to Top _____ Bottom _____ T.D. _____

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
	none					

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set
35 sacks cement from 1000' to 900' / 20 sacks from 600' to 550' / 25 sacks from 360' to 250' / 20 sacks from 60' to surface - put 5 sacks each in Rathole and Mouse Hole

Name of Plugging Contractor Halliburton Services License No. 520

Address Enid, Oklahoma 73701

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: DAR-LON Operating

STATE OF Oklahoma COUNTY OF Grant, ss.

Dan Darling d/b/a DAR-LON Operating (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Dan Darling

(Address) Box 158, Lamont, Oklahoma 74643

SUBSCRIBED AND SWORN TO before me this 19-14th day of December, 1992

[Signature]
 Notary Public

My Commission Expires: May 14, 1994

USE ONLY ONE SIDE OF EACH FORM

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

FORM CP-1
Rev. 03/92

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

API # _____ (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 _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

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

_____ 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 _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBDT _____ 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 _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)

15-191-22219-0000

LOCATE WELL ON GRID BELOW

PLUGGING RECORD
(OAC 165-10-11-7)

Kansas

Form 1003/1003C
(Rev. 1990)

OKLAHOMA CORPORATION COMMISSION
Oil Gas Conservation Division
Jim Thorpe Building
Oklahoma City, Oklahoma 73105

Replaces separate
Forms 1003 and 1003C

TYPE OR USE BLACK INK
Instructions on back of form

Fill out completely and mail to district office:

District I: (918) 367-3396
115 W. Sixth Street/P. O. Box 779
Bristow, Oklahoma 74010

District III: (405) 255-0103
1016 Maple/P.O. Box 1525
Duncan, Oklahoma 73533

District II: (405) 375-5570
220 E. Miles P. O. Box 1107
Kingfisher, Oklahoma 73750

District IV: (405) 332-3441
703 N. Broadway
Ada, Oklahoma 74820

The API number of the well is ESSENTIAL--If you do not know the API number, call Petroleum Information, Inc., at (405) 848-9824.

303008

Lease Name <i>Hollingsworth</i>	Well No. <i>1-3</i>	County	API Number <i>15-191-22219</i>	Well TD: <i>4289</i>
Location <i>1 14 14 14 3 35 S 14 W</i>				-- Pipe Record --
Name of Operator <i>Darling Oil</i>	Dar-LOR Operating		Operator No.	Size <i>8 7/8</i>
Address <i>Box 158</i>	City <i>Lamont</i>		Date Plugging Complete	Run (ft) <i>310'</i>
State <i>Okla</i>	Zip <i>74643</i>	Type of Well		Pulled (ft)
Phone (A.C.) <i>405-388-4567</i>	Treatable Water Depth			Cond.
				Surf
				I.C.
				P.C.
				Lnr.

Plug	Type of Plug CIBP, Cement, Packer etc.	Size Hole or Pipe of Placement	Depth	If cement, Number of Sacks	Slurry Volume	Calculated IOC	Measured Top of Plug If Tagged
1	Cement	7 7/8" hole	1000	35	41	900	
2	"	7 7/8" hole	600	20	24	550	
3	"	7 7/8" hole + 8 1/2" casing	360	25	30	280	
4	"	8 1/2" casing	60	20	24	Surface	
5	Put & Munch hole			Seq.	6ea.	Surface	

PERFORATION DEPTHS: Set 1-From: _____ Ft To: _____ Set 2-From: _____ To: _____
Set 3-From: _____ Ft To: _____ Set 4-From: _____ To: _____

REMARKS:

Reason for plugging: *DRY Hole*

CEMENTING COMPANY
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the placing of cement plugs in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented are true, correct, and complete to the best of my knowledge. This certification covers cementing data only.

OPERATOR
I declare under applicable Corporation Commission rule, that I have knowledge of the well data and information presented in this report, and that data and facts presented are true, correct, and complete to the best of my knowledge. This certification covers all well data and information presented herein.

NK West
Signature of Cementer or Authorized Representative
NK WEST
Name of Person and Title (Type or Print) *11/15/92* Date
HANDLITON
Cementing Company *520* Permit Number
PO Box 1147
Street Address or P. O. Box *800 580 3353* Phone
EUID OK
City *23202* State Zip

Darling
Signature of Operator or Authorized Representative
Darling
Name of Person and Title (Type or Print) *12-15-92* Date
Owner-Operator
Name of Field Inspector
Signature of District Manager

DISTRICT MANAGER'S SIGNATURE
DISCLAIMER:
By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant that the facts provided by the operator are true or that the above described operator has properly plugged the above-described well.

RECEIVED
DEC 18 1992
OKLAHOMA CORPORATION COMMISSION
OIL GAS CONSERVATION DIVISION

SEC 3
TWP 35S
RGE 1W