

15-191-21800-0000

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

FORM CP-1
Rev. 6/4/84

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-191-21800-0000 (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR Advanced Recovery (was Brandt) OPERATORS LICENSE NO. 9755

ADDRESS Box 5143 Englewood, Co/lo 80155 PHONE # (303) 790-0250

LEASE (FARM) Nixon WELL NO. 1 WELL LOCATION NESWNE COUNTY Sumner

SEC. 22 TWP. 30S RGE. 1W (E) or (W) TOTAL DEPTH 3916 PLUG BACK TD 3915

Check One:

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

SURFACE CASING SIZE 8 5/8 SET AT 430 CEMENTED WITH 100 SACKS

CASING SIZE 5 1/2 SET AT 3915 CEMENTED WITH 100 SACKS

PERFORATED AT 3905-12

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

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL Dump 6 sks on Rtm;

Load csg; shot off pipe; pump hulls into well; Plug with 175 sx in and out of srf. Top off.
(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 27 March

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:

Rick McConnell M+B Well Service PHONE # () 326 5956

ADDRESS Box 273 Wellington KS.

PLUGGING CONTRACTOR M+B LICENSE NO. _____

ADDRESS _____ PHONE # _____

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: [Signature]
STATE CORPORATION COMMISSION (Operator or Agent)

MAY 05 1986

DATE: _____