

API NUMBER 025-21,080-0000

LEASE NAME Young Brothers

WELL NUMBER #1

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

4470 Ft. from (S) Section Line

3255 Ft. from (E) Section Line

SEC. 5 TWP. 31S RGE. 22 (E) or (W)

COUNTY Clark

LEASE OPERATOR Mustang Oil & Gas Corporation

ADDRESS 107 N. Market, Suite 703

PHONE# (316) 267-8011 OPERATORS LICENSE NO. 5652

Character of Well D&A

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

Date Well Completed 6-19-92

Plugging Commenced 6-19-92

Plugging Completed 6-19-92

The plugging proposal was approved on 6-19-92 (date)

by KCC's recommendations (KCC District Agent's Name).

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

Producing Formation NA Depth to Top 1306 Bottom 5296 T.D. 5440

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
Red Bed	Lm & Sh	GL	655	8-5/8"	642	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 plugs were used, state the character of same and depth placed, from    feet to    feet each set.

1st plug @ 1020' w/50 sxs, 2nd plug @ 680' w/50 sxs, 3rd plug @ 40' w/10 sxs, 15 sxs in rathole, 15 sxs in mousehole. Total sxs 135, 60/40 Poz & 6% gel.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor BJ Titan Services License No. \_\_\_\_\_

Address P.O. Box 368, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Mustang Oil & Gas Corporation

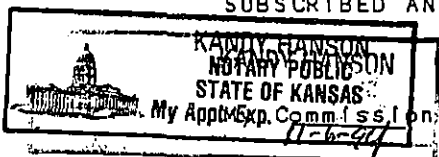
STATE OF Kansas COUNTY OF Sedgwick, ss.

Stan Brady, Vice President (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) Stan Brady

(Address) 107 N. Market, Suite 703  
Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 6th day of July, 19 92



Kandy Hanson Notary Public

RECEIVED  
STATE CORPORATION COMMISSION

JUL - 7 1992  
Form CP-4  
Revised 05-88  
CONSERVATION DIVISION  
Wichita, Kansas

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

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. \_\_\_\_\_ PSTD \_\_\_\_\_ 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)