

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

~~15-119-20285-0000~~  
FORM CP-1  
Rev. 03/92

STATE RECEIVED  
COMMISSION

WELL PLUGGING APPLICATION FORM  
(PLEASE TYPE FORM and file ONE COPY)

MAY 24 1995

5-24-1995

API # 10-10-67 (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 Ritchie Exploration, Inc. KCC LICENSE # 4767  
(owner/company name) (operator's)

ADDRESS 125 N. Market, Suite 1000 CITY Wichita

STATE KS ZIP CODE 67202 CONTACT PHONE # (316) 267-4375

LEASE Rein "A-P" WELL# 5 SEC. 29 T. 19 R. 21W (East/West)

NWSPOT LOCATION/COQQ COUNTY Ness

1874 FEET (in exact footage) FROM S (N) (circle one) LINE OF SECTION (NOT Lease Line)

1874 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      SET AT      CEMENTED WITH      SACKS

SURFACE CASING SIZE 8 5/8" SET AT 498 CEMENTED WITH 275 SACKS

PRODUCTION CASING SIZE 4 1/2" SET AT 4459 CEMENTED WITH 150 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 4448-54'

ELEVATION 2314 T.D. 4464 PSTD N/A ANHYDRITE DEPTH 1576  
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING In accordance with the rules and regulations set forth by the KCC.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? no IS ACC-1 FILED? yes

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:

Bennie Dills PHONE# (316) 793-2525

ADDRESS 1313 Monroe City/State Great Bend, KS 67530

PLUGGING CONTRACTOR Allied Cementing KCC LICENSE #       
(company name) (contractor's)

ADDRESS      PHONE # ( )     

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) May, 1995

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

DATE: 5-23-95 AUTHORIZED OPERATOR/AGENT: [Signature]  
(signature)