

15-119-20 102-0000

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 15-119-20,702-00-00 (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR Midco Exploration, Inc. OPERATORS LICENSE NO. 5254

ADDRESS 200 E. First, Suite 411, Wichita, KS 67202 PHONE # (316) 267-3613

LEASE (FARM) Loewen WELL NO. 1 WELL LOCATION NE SW SE COUNTY Meade

SEC. 13 TWP. 33S RGE. 28W ~~(E or W)~~ TOTAL DEPTH 6015' PLUG BACK TD _____

Check One:

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

SURFACE CASING SIZE 8-5/8 SET AT 1475' CEMENTED WITH 550 SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

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

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL _____

(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 7-8-85 9:00 a.m.

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:

Bill Nelson PHONE # (316) 792-7323

ADDRESS P.O. Box 1609, Great Bend, Kansas 67530

PLUGGING CONTRACTOR Mustang Drilling & Exploration, Inc. LICENSE NO. 5652

ADDRESS P.O. Box 1609, Great Bend, KS 67530 PHONE # (316) 792-7323

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: _____

RECEIVED
7-17-1985
JUL 17 1985

Bill Nelson
(Operator or Agent)

Bill Nelson
July 9, 1985

DATE: _____