

RECEIVED

OCT 02 2001 10-2-01

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

KCC WICHITA

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

API # 15-025-20,294-100 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

6/02

WELL OPERATOR Banks Oil Company KCC LICENSE # 5152  
(owner/company name) (operator's)

ADDRESS 7701 E Kellogg, Suite 885 CITY Wichita

STATE Kansas ZIP CODE 67207-1703 CONTACT PHONE # (316) 612-1186

LEASE Valentine WELL# 1 SEC. 32 T. 31S R. 21 (East/West)

C - NW - SE - SPOT LOCATION/QQQQ COUNTY Clark

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

       FEET (in exact footage) FROM EW (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL    GAS WELL X D&A    SWD/ENHR WELL    DOCKET #       

CONDUCTOR CASING SIZE        SET AT        CEMENTED WITH        SACKS

SURFACE CASING SIZE 8 5/8 SET AT 649' CEMENTED WITH 350 SACKS

PRODUCTION CASING SIZE 4 1/2 SET AT 5220' CEMENTED WITH 150 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 5090'-5094' 5117'-5122' Bridgeplug 5108'

ELEVATION 1999 T.D. 5310' PBSD 5162' ANHYDRITE DEPTH 1000'  
(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 KCC and regulations

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? NO IS ACO-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:

Lee Banks PHONE # (316) 612-1186

ADDRESS 7701 E Kellogg, Ste 885 CITY/STATE Wichita, Kansas

PLUGGING CONTRACTOR Clark Well Service or Pratt Well Service or T&R KCC LICENSE #         
(company name) (contractor's)

ADDRESS        PHONE # ( )       

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 11-8-01 @ 8:15am plugged

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

DATE: 9/28/01 AUTHORIZED OPERATOR/AGENT: [Signature]  
(signature)