

LEASE NAME McLain

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

WELL NUMBER #1-8

1650 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 8 TWP. 33S RGE. 1 (E) or (W)

COUNTY Sumner

LEASE OPERATOR DAR-LON Operating

ADDRESS Box 158

PHONE # (405) 388-4567 OPERATORS LICENSE NO. 30900

Character of Well D & A

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

Date Well Completed 1-5-93

Plugging Commenced 1-5-93

Plugging Completed 1-5-93

The plugging proposal was approved on 1-5-93 (date)

by Mike Wilson (KCC District Agent's Name).

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

Producing Formation none Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. \_\_\_\_\_

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	Put Out
	<u>none</u>					

RECEIVED  
STATE CORPORATION COMMISSION  
FEB 24 1993  
CONSERVATION DIVISION

Describe in detail the manner in which the well was plugged, indicating where mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to \_\_\_\_\_  
35 sacks 60/40 poz-mix cement 335'-235' - 25 sacks poz-mix from 60' to surface  
10 sacks mouse hole; 10 sacks rat hole

Name of Plugging Contractor Halliburton Services License No. 520

Address Enid, Oklahoma 73702

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: DAR-LON Operating

STATE OF Oklahoma COUNTY OF Grant, ss.

Dan Darling d/b/a DAR-LON Operating (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) Dan Darling

(Address) Box 158, Lamont, Oklahoma 74643

SUBSCRIBED AND SWORN TO before me this 19th day of February, 1993

[Signature]  
Notary Public

My Commission Expires: May 14, 1994

USE ONLY ONE SIDE OF EACH FORM

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

FORM CP-1  
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. \_\_\_\_\_ PBDT \_\_\_\_\_ 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

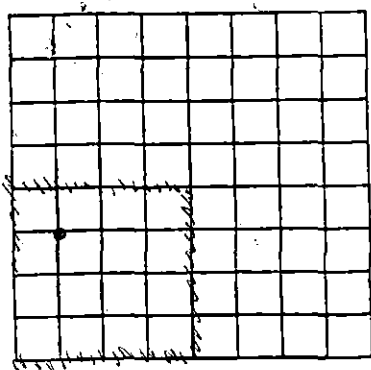
DATE: \_\_\_\_\_ AUTHORIZED OPERATOR/AGENT: \_\_\_\_\_  
(signature)

15-191-22224-0000

LOCATE WELL ON GRID BELOW

PLUGGING RECORD  
(OAC 165-10-11-7)

Form 1003/1003C  
(Rev. 1990)



OKLAHOMA CORPORATION COMMISSION  
Oil Gas Conservation Division  
Jim Thorpe Building  
Oklahoma City, Oklahoma 73105

Replaces separate  
Forms 1003 and 1003C  
**TYPE OR USE BLACK INK**  
Instructions on back of form

Fill out completely and mail to district office:

District I: (918) 367-3396  
115 W. Sixth Street/P. O. Box 779  
Bristow, Oklahoma 74010

District III: (405) 255-0103  
1016 Maple/P.O. Box 1525  
Duncan, Oklahoma 73533

District II: (405) 375-5570  
220 E. Miles P. O. Box 1107  
Kingfisher, Oklahoma 73750

District IV: (405) 332-3441  
703 N. Broadway  
Ada, Oklahoma 74820

The API number of the well is **ESSENTIAL**--if you do not know the API number, call Petroleum Information, Inc., at (405) 848-9824.

Lease Name <i>MELANE</i>	Well No. <i>1</i>	County <i>KS</i> <i>SUMNER</i>	API Number <i>15-191-22-224</i>	Well TD: <i>4282</i>
Location Section <i>14</i> Township <i>14S</i> Range <i>8</i> <i>33S</i> <i>12W</i>				Well loc. from 1/4 sec. 'fsl' 'fwi'
Name of Operator <i>DAR-LON</i>	OTC/OCC Operator No.			Cond'r
Address <i>Box 158</i>	Date Plugging Complete <i>1-5-93</i>			Surf
City <i>Lamont</i>	State <i>OKLA</i>	Zip <i>74643</i>	Type of Well <i>DRY</i>	I.C.
Phone (A.C.) <i>(405) 388-4567</i>	Treatable Water Depth			I.C. P.C. Lnr.

Plug	Type of Plug CIBP, Cement, Packer etc.	Size Hole or Pipe of Placement	Depth	If cement, Number of Sacks	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	<i>CMT</i>	<i>7 7/8 Hole / 8 1/2 Pipe</i>	<i>335</i>	<i>35</i>	<i>44</i>	<i>225 ft</i>	
2	<i>CMT</i>	<i>8 5/8 Pipe</i>	<i>60</i>	<i>25</i>	<i>32</i>	<i>Surface</i>	
3	<i>CMT</i>	<i>Mouse Hole</i>	<i>30</i>	<i>10</i>	<i>12 1/2</i>	<i>Surface</i>	
4	<i>CMT</i>	<i>RAT HOUSE</i>	<i>30</i>	<i>10</i>	<i>13 1/2</i>	<i>Surface</i>	
5							

PERFORATION DEPTHS: Set 1-From: \_\_\_\_\_ Ft To: \_\_\_\_\_ Set 2-From: \_\_\_\_\_ To: \_\_\_\_\_  
Set 3-From: \_\_\_\_\_ Ft To: \_\_\_\_\_ Set 4-From: \_\_\_\_\_ To: \_\_\_\_\_

REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for plugging: \_\_\_\_\_

**CEMENTING COMPANY**  
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the placing of cement plugs in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented are true, correct, and complete to the best of my knowledge. This certification covers cementing data only.

*Billy D. Underwood*  
Signature of Cementer or Authorized Representative  
*Billy D. Underwood 1-5-93*  
Name of Person and Title (Type or Print) Date  
*Hamburton Services 520*  
Cementing Company Permit Number  
*P.O. Box 1147 405 234 3353*  
Street Address or P. O. Box Phone  
*Enid, OKLA 73201*  
City State Zip

**OPERATOR**  
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented are true, correct, and complete to the best of my knowledge. This certification covers all well data and information presented herein.

*Dan Darling*  
Signature of Operator or Authorized Representative  
*Dan Darling d/b/a DAR-LON Operating*  
Name of Person and Title (Type or Print)  
Date *FEB 2 2 1993*

DISTRICT MANAGER'S SIGNATURE  
DISCLAIMER:  
By signing this form, the District Manager has approved the contents as to form only. The District Manager does not warrant that the facts provided by the operator are true or that the above described operation has properly plugged the above described well.

**STATE CORPORATION COMMISSION**  
**CONSERVATION DIVISION**  
Wichita, Kansas

Name of Field Inspector  
Signature of District Manager

SEC 8  
TWP 33 S  
RGE 12 W

**INSTRUCTIONS:**

1. Form must be completely filled out and sent to district office within within 30 days after plugging is completed.  
Send original and one copy.  
Type or use black ink.  
API number of well is important and is used to match this record to the completion report.
2. Cementing Company and Operator shall comply with the applicable portions of O.C.C. Rules 3-404 and 3-405.
3. A. In specifying the type of plug use the following notation:  
CIBP - cast iron bridge plug.  
CEM - cement plug.  
CIBP + CEM - cast iron bridge plug and cement.  
Packer - packer.  
If other abbreviations are used, please define.  
B. Cement plugs shall be placed in the well bore as required by Rules and Regulations of the Commission plus any additional plugs as may be specified by the District Manager or his representative, where unusual local conditions exist. (Rule 3-404 f and g).  
C. The minimum amount of cement normally used in each plug in the open hole shall be a slurry volume equal to the amount necessary to fill the calculated volume of 100 feet of the hole in which the plug is placed.  
D. A 30 feet cement plug is required to be placed near the top of the well. (Rule 3-404-g).
4. If you have questions concerning the completion of this form, call the appropriate District Office.

For Commission Use Only -- Do Not Write Below This Line

**PLUGGING RECORD CHECKLIST**

Approved	Rejected	
_____	_____	1. API Number Invalid
_____	_____	2. Legal Description Invalid for County
_____	_____	3. Operator Number Missing/Invalid
_____	_____	4. Well Location Invalid/Missing
_____	_____	5. Lease Name Missing
_____	_____	6. Well Number Missing
_____	_____	7. Plugging Date Invalid
_____	_____	8. Well Type Missing/Invalid
_____	_____	9. Well Total Depth Missing/Invalid
_____	_____	10. Record of Pipe Pulled Incomplete
_____	_____	11. Well Location does not Match Well Plat
_____	_____	12. Treatable Water Depth Missing
_____	_____	13. Perforation Depths Missing
_____	_____	14. Information on Plug - Operator
_____	_____	15. Plugging Description Missing
_____	_____	16. Plugging Contractors Name Missing
_____	_____	17. Information on Plug - Cementing Company
_____	_____	18. Other: _____