

LEASE NAME Martin

WELL NUMBER 1

2980 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 17 TWP. 29 RGE. 40 (E) or (W)

COUNTY Stanton

Date Well Completed 8-14-95

Plugging Commenced 8-14-95

Plugging Completed 8-14-95

LEASE OPERATOR Becker Oil Corporation

ADDRESS 212 First National Bldg., Ponca City, OK 74601

PHONE#(405) 765-8788 OPERATORS LICENSE NO. 31093

Character of Well D&A

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

The plugging proposal was approved on 8-14-95 (date)

by _____ (KCC District Agent's Name).

Is ACC-1 filed? Yes If not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.O. _____

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
				8 5/8	1733	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 plugging materials were used, state the character of same and depth placed, from _____ feet to _____ feet each section.

Plugged with 225 sxs 60-40 Pos as follows: 100 sxs @ 2520', 50 sxs @ 1780', 40 sxs @ 690', 10 sxs @ 40', 15 sxs in rathole, 10 sxs in mousehole

Name of Plugging Contractor Halliburton License No. _____

Address Box 1598, Liberal, KS 67905

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Becker Oil Corporation

STATE OF Oklahoma COUNTY OF Kay, ss.

Clyde M. Becker (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 the the same are true and correct, so help me God.

(Signature) Clyde M. Becker

(Address) 212 First National Bldg. Ponca City, OK 74601

SUBSCRIBED AND SWORN TO before me this 31st day of October, 19 95

Markie Holmes
Notary Public

My Commission Expires: 11-14-96
USE ONLY ONE SIDE OF EACH FORM

RECEIVED
STATE CORPORATION COMMISSION
11-2-1995
NOV - 2 1995

Form CP-1
Revised 05-88

COMMISSIONER, STATE CORPORATION COMMISSION
WICHITA, KANSAS

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. _____ PBD _____ 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)