

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
CONSERVATION DIVISION  
130 South Market, Room 2078  
Wichita, Kansas 67202-3802

FORM CP-1  
Rev. 03/92

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

API # 15-057-20545 0000 (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 North Market - Suite 1000 CITY Wichita,

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

LEASE Darst WELL # 1 SEC. 16 T. 29S R. 22 ~~East~~ (West)

E/2 - W/2 - NE - SPOT LOCATION/OOOO COUNTY Ford County, Kansas

1320 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

1650 FEET (in exact footage) FROM S/N (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 8-5/8" SET AT 521' CEMENTED WITH 300 SACKS

PRODUCTION CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: \_\_\_\_\_

ELEVATION 2498/2511 T.D. 785' PSTD 5450' ANHYDRITE DEPTH \_\_\_\_\_  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR  CASING LEAK  JUNK IN HOLE

PROPOSED METHOD OF PLUGGING \_\_\_\_\_

10-28-96

(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?) 10-06-96 2:45 AM

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

DATE: 10-25-96 AUTHORIZED OPERATOR/AGENT: Jeff Christian  
(signature)

RECEIVED  
KANSAS  
CORPORATION  
COMMISSION  
OCT 28 1996