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

FORM CP-1 RECEIVEDRev. 2/89 KANSAS CORPORATION COMMISSION

> AUG 27 2001 8-27-01 CONSERVATION DIVISION

## WELL PLUGGING APPLICATION FORM

(File One Copy)

WICHITA, KS
API NUMBER $15-025-21216-0000$ (of this well). (This must be listed; if no API# was issued, please note drilling completion date.)
WELL OWNER/OPERATOR Coral Coast Petroleum, L.C. OPERATOR'S LICENSE NO. 31691
ADDRESS 200 E. 1st, Suite 001, Wichita, KS 67202 HONE # 816 ) 269-1233
LEASE (FARM) Aldridge WELL NO. 1 WELL LOCATION S/2 S/2 COUNTYClark  SEC. 11 TWP. 32RGE. 22 (E) or (W) TOTAL DEPTH 6835 PLUG BACK TD
Check One:
OIL WELL GAS WELL D & A _x SWD or INJ WELL DOCKET NO
SURFACE CASING SIZE 8 5/8" SET AT 612 CEMENTED WITH 200 SACKS
CASING SIZE SET AT CEMENTED WITH SACKS
PERFORATED AT
CONDITION OF WELL: GOOD X POOR CASING LEAK JUNK IN HOLE
PROPOSED METHOD OF PLUGGING 50sx@1230',50sx@630', 10sx@40', 15sxiin rathole
10 sx in mousehole
(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 10am 8/28/01
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 REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:
Terry Richardson or Dan Reynolds PHONE # (620) 672-9100 or 316-269
1233 ADDRESS TR Services, Pratt, KS or 200 E. 1st, #001 Wichita, KS 67202
PIUGGING CONTRACTOR Acid Servicesces LICENSE NO. 31301 32453
ADDRESS 105 S. Broadway Wichita, KS 67202 PHONE # (316)26243699
PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.
SIGNED: Signed - Regard Coperator or Agent)
DATE: $8-27-0/$
DATE: UZ(U/

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

## WELL PLUGGING RECORD K.A.R.-82-3-117

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

API NUMBER
LEASE NAME
WELL NUMBER
Ft. from S Section Line
Ft. from E Section Line
SECTWPRGE(E)or(W)
COUNTY
Date Well Completed
Plugging Commenced
Plugging Completed
(date)
(KCC District Agent's Name).
T.D
5•
NG RECORD
rt in Pulled out
indicating where the mud fluid was
o the hole. If cement or other plug: , fromfeet tofeet each set.
of this form.)
License No
,55.
loyee of Operator) or.(Operator) of
hat I have knowledge of the facts,

LEASE OPERATOR\_\_\_\_\_ PHONE#( )\_ OPERATORS LICENSE NO. Character of Well \_\_\_\_\_ (Oil, Gas, D&A, SWD, Input, Water Supply Well) The plugging proposal was approved on \_\_\_\_\_ is ACO-1 filed? If not, is well log attached? Producing Formation \_\_\_\_\_ Depth to Top\_\_\_\_\_ Show depth and thickness of all water, oil and gas formations OIL, GAS OR WATER RECORDS Content Formation From То Size Describe in detail the manner in which the well was plugged, placed and the method or methods used in introducing it into were used, state the character of same and depth placed (If additional description is necessary, use BACK Name of Plugging Contractor\_\_\_\_\_ Address NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_ (Emp above-described well, being first duly sworn on oath, says: T 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)\_\_\_\_ (Address) SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_,19 \_\_\_\_ Notary Public My Commission Expires:\_\_\_\_\_