

LEASE NAME Margie McIvar Rush

WELL NUMBER 1-20

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

2235' Ft. from S Section Lin

2210' Ft. from E Section Lin

SEC. 20 TWP. 24 RGE. 8 (E) or (W)

COUNTY Renov

LEASE OPERATOR Cabot Oil & Gas Corporation

ADDRESS 9400 N. Broadway - Suite 608

PHONE#(405) 478-6500 OPERATORS LICENSE NO. 6120

Character of Well D&A

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

Date Well Completed Dry Hole

Plugging Commenced 7-20-92

Plugging Completed 7-21-92

The plugging proposal was approved on 7/18/92 (date)

by J. Luthi on location (KCC District Agent's Name)

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

Producing Formation N/A 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	Pulled out
				8 5/8"	214	0'
				5 1/2"	3929	3121'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other p were used, state the character of same and depth placed, from feet to feet each  
Halliburton Loggin g set CIBP @ 3675'. Dumped 3 sx (20') of cmt on top, shot csg @ 3121'. HOWCO pumped 5 bbls gelled water + 35 sacks @ 1473'. Balanced w/gel water. Howco pumped 5 bbls gelled water + 35 sxs @ 943'. Balanced plug w/gelled water. Pumped 60 sxs @ 274'. Cement circ to surface. All cement was 40/60 POZ (A)+ 4% gel. Mixed @ 14.0#/gal & 1.44ft 3/sx yield.  
Cut off 5' below surface. Weld plate on top. Put 5-sxs cmt in water well.

Name of Plugging Contractor Halliburton License No. \_\_\_\_\_

Address \_\_\_\_\_ Great Bend, Kansas

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Cabot Oil & Gas Corporation

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Jim R. Pendergrass (Employee of Operator) or (Operator above-described well, being first duly sworn on oath, says: That I have knowledge of the fa. statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) Jim R. Pendergrass

(Address) 9400 N. Broadway - Suite 608

SUBSCRIBED AND SWORN TO before me this 7 day of August, 1992

Robert E. Mitchell  
Notary Public

RECEIVED  
STATE CORPORATION COMMISSION

My Commission Expires: November 9, 1992

USE ONLY ONE SIDE OF EACH FORM

Form C  
Revised 05  
AUG 10 1992  
8-10-92  
CONSERVATION DIVISION  
Wichita, Kansas

CONSERVATION DIVISION  
200 Colorado Derby Building  
Wichita, Kansas 67202

**WELL PLUGGING APPLICATION FORM**  
(File One Copy)

API NUMBER \_\_\_\_\_ (of this well).  
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR \_\_\_\_\_ OPERATOR'S LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

LEASE (FARM) \_\_\_\_\_ WELL NO. \_\_\_\_\_ WELL LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_

SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RGE. \_\_\_\_\_ (E) or (W) TOTAL DEPTH \_\_\_\_\_ PLUG BACK TD \_\_\_\_\_

**Check One:**

OIL WELL \_\_\_\_\_ GAS WELL \_\_\_\_\_ D & A \_\_\_\_\_ SWD or INJ WELL \_\_\_\_\_ DOCKET NO. \_\_\_\_\_

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

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

PERFORATED AT \_\_\_\_\_

CONDITION OF WELL: GOOD \_\_\_\_\_ POOR \_\_\_\_\_ CASING LEAK \_\_\_\_\_ JUNK IN HOLE \_\_\_\_\_

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

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? \_\_\_\_\_ IS ACC-1 FILED? \_\_\_\_\_  
(If not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN \_\_\_\_\_

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:

\_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLUGGING CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

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

USE ONLY ONE SIDE OF EACH FORM

SIGNED: \_\_\_\_\_  
(Operator or Agent)

DATE: \_\_\_\_\_