

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

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

API NUMBER 15-057-20519-0000

LEASE NAME Peintner

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

WELL NUMBER 1

3300 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 16 TWP. 26 RGE. 21 (X) or (W)

LEASE OPERATOR Petroleum Property Services, Inc.

COUNTY Ford

ADDRESS 155 N. Market, Suite 1010 Wichita, KS 67202

Date Well Completed 09/02/93

PHONE# (316) 265-3351 OPERATORS LICENSE NO. 31142

Plugging Commenced 09/02/93

Character of Well D&A

Plugging Completed 09/02/93

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

The plugging proposal was approved on 08/26/93 (date)

by Duane Rankin (KCC District Agent's Name).

Is ACO-1 filled? yes if not, is well log attached? \_\_\_\_\_

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.O. 4950'

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

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 plug were used, state the character of same and depth placed, - from \_\_\_ feet to \_\_\_ feet each set

Bottom plug: @ 1400' w/50 sx cement thru drill pipe

Next Plug: @ 730' w/50 " " " "

Top Plug: @40' w/10 " " " "

15 sx in rat hole, 10 sx in water well

Name of Plugging Contractor Petroleum Property Services, Inc. License No. 31142

Address 155 N. Market, Suite 1010 Wichita, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Petroleum Property Services, Inc.

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

Jim Thatcher (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) Jim Thatcher

(Address) 155 N. Market, Suite 1010 Wichita, KS

SUBSCRIBED AND SWORN TO before me this 9th day of September

Susan M. Way Notary Public  
STATE CORPORATION COMMISSION

My Commission Expires:  
USE ONLY ONE SIDE OF EACH FORM

SUSAN M. WAY  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 10-17-96

RECEIVED  
SEP 10 1993  
9-10-93  
For 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. \_\_\_\_\_ PSTD \_\_\_\_\_ 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)