

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

FORM CP-1
Rev. 03/92

15-057-20519-00-00

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

API # 15-057-20,519 (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 Petroleum Property Services, Inc. KCC LICENSE # 31142
(owner/company name) (operator's)

ADDRESS 155 N. Market, #1010 CITY Wichita

STATE Kansas ZIP CODE 67202-1824 CONTACT PHONE # (316) 265-3351

LEASE Peintner WELL# 1 SEC. 16 T. 26 R. 21 (East/West)

C SW NW SPOT LOCATION/QQQQ COUNTY Ford

3300 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

4620 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 8+5/8" SET AT 705 CEMENTED WITH 300 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. 4950' PBSD _____ 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?) 09-02-93 . 5:30 p.m. RECEIVED

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

DATE: 9/9/93 AUTHORIZED OPERATOR/AGENT: [Signature] (signature)

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