

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

15-185-20240-0000

(PLEASE TYPE FORM and File ONE Copy)

2/3/69 (OWWO)

API # DLG 5/6/65-D&A (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 Robert L. Austin KCC LICENSE # 6886
(owner/company name) (operator's)

ADDRESS P.O. Box 159 CITY Stafford

STATE Kansas ZIP CODE 67578 CONTACT PHONE # (816) 234-5191

LEASE McCune WELL# #1 SEC. 4 T. 25S R. 12 (E/W/West)

SW - SE - SW - SPOT LOCATION/QQQQ COUNTY Stafford

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

3630 FEET (in exact footage) FROM (E)/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A (SWD) ~~ENHANCEMENT WELL~~ DOCKET# E-25,440

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8-5/8 SET AT 293 CEMENTED WITH 125 SACKS

PRODUCTION CASING SIZE 3-1/2 SET AT 3650 CEMENTED WITH 293-300 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 20/3578-88

ELEVATION 1889 T.D. 4151 PBDT 3800 ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING An attempt was made to MIT this well. It failed; the packer would not release on bottom of tubing and it could not be torqued to back it off. Permission was requested and granted from Steve Durant to plug the well as follows: Perforate at the anhydrate 715' and circulate cement to surface out of tubing head and Braden head.
(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes 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:

Robert L. Austin PHONE# (816) 234-5191

ADDRESS P.O. Box 159 City/State Stafford, KS 67578

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____ 8-16-93

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____ AUG 16 1993

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

DATE: 08-12-93 AUTHORIZED OPERATOR/AGENT: _____
(signature)

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

LEASE OPERATOR _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W)

ADDRESS _____

COUNTY _____

PHONE#() _____ OPERATORS LICENSE NO. _____

Date Well Completed _____

Character of Well _____

Plugging Commenced _____

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

Plugging Completed _____

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name).

Is ACO-1 filed? _____ If not, is well log attached? _____

Producing Formation _____ 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

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 pl were used, state the character of same and depth placed, from _____ feet to _____ feet each s

Name of Plugging Contractor _____ License No. _____

Address _____

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

STATE OF _____ COUNTY OF _____, ss.

 (Employee of Operator) or (Operator)
 above-described well, being first duly sworn on oath, says: That I have knowledge of the fac statements, and matters herein contained and the log of the above-described well as filed t 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: _____

USE ONLY ONE SIDE OF EACH FORM