

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 # 15-083-21,391-00-00 (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 Pickrell Drilling Company, Inc. KCC LICENSE # 5123
(owner/company name) (operator's)
ADDRESS 110 N. Market, Suite 205 CITY Wichita,
STATE Kansas ZIP CODE 67202 CONTACT PHONE # (316) 262-8427
LEASE Jones "CC" WELL# 1 SEC. 12 T. 23S R. 24 (~~East~~ West)
- NW - SW - SE SPOT LOCATION/QQQQ COUNTY Hodgeman

990 FEET (in exact footage) FROM S/X (circle one) LINE OF SECTION (NOT Lease Line)
2310 FEET (in exact footage) FROM E/X (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 266'KB CEMENTED WITH 155sx SACKS
PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 2305' / 2310' T.D. 4650 PSTD _____ ANHYDRITE DEPTH 1502(+808)
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Plugged w/50sx @ 1530', 80sx @ 750', 30sx @ 500', 40sx @ 290', 10sx @ 40', 15sx in Rathole of 60-40 pozmix, 6% gel w/1/2# floseal per sx.

Complete @ 1:00 PM on 3-27-93.
(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? Yes

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:

Doyle Folkerts PHONE# (316) 793-5742

ADDRESS P.O. Box 1303 City/State Great Bend, Kansas 67530

PLUGGING CONTRACTOR Company Tools KCC LICENSE # 5123

ADDRESS 110 N. Market, Suite 205 - Wichita, KS PHONE # (316) 262-8427
(company name) (contractor's)

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) Completed @ 1:00 PM on 3-27-93. 4-7-93

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

DATE: 4-06-93 AUTHORIZED OPERATOR/AGENT: _____

[Signature]
(signature) president
CONSERVATION DIVISION
Wichita, Kansas

RECEIVED

APR 7 1993

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 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 section.

Name of Plugging Contractor _____ License No. _____

Address _____

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

STATE OF _____ COUNTY OF _____, ss.

(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 the
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