

WELL PLUGGING APPLICATION FORM  
15-155-20187-00-0 (PLEASE TYPE FORM and File ONE Copy)

API # Spud 12/22/71 (Identifier number of this well). This must be listed if wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR Producers Oil Company KCC LICENSE # 5235  
(owner/company name) (operator's)

ADDRESS 427 So. Boston, STE 711 CITY Tulsa,

STATE Oklahoma ZIP CODE 74103 CONTACT PHONE # (918) 582-1188

LEASE Vansickle WELL# 6 SEC. 23 T. 23S R. 4W (East/West)

SW - NW - NW - SPOT LOCATION/QQQQ COUNTY Reno

1280 FEET (in exact footage) FROM S (N) (circle one) LINE OF SECTION (NOT Lease Line)

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

Check One: OIL WELL  GAS WELL  DEA  SWD/ENHR WELL  DOCKET#

CONDUCTOR CASING SIZE  SET AT  CEMENTED WITH  SACK

SURFACE CASING SIZE 10 3/4 SET AT 241 CEMENTED WITH 260 SACK.

PRODUCTION CASING SIZE 5 1/2 SET AT 3610 CEMENTED WITH 200 SACK.

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 0/H 3610-15, Perfs 3323-80, CIBP 3310,  
Perfs 3284-3290

ELEVATION 1475 T.D. 3615 PSTD  ANHYDRITE DEPTH   
(G.L. K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR  CASING LEAK  JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Set CIBP @ 3270 & cap w/2 sx. cem., perforate 5 1/2 @ 600' and spot 35 sx. 60/40 4% Poz mix plug, Perf. 5 1/2 @ 375' & circ. cement to surface, cut off casing, weld on ID marker.

(If additional space is needed attach separate page)

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

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:

Matt Riley PHONE# (405) 863-2784 (office)

ADDRESS Rt. 1 Box 45 City/State Covington, OK 73730

PLUGGING CONTRACTOR Sunflower Well Service KCC LICENSE # 30280

ADDRESS 408 N. 4th, P.O. Box 341, Canton, KS 67428 PHONE # (316) 628-4723  
(company name) (contractor's)

PROPOSED DATE AND HOUR OF PLUGGING (if known?) ASAP

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

DATE: 2/6/95 AUTHORIZED OPERATOR/AGENT: *Matt Riley*  
(signature)

3-13-95

RECEIVED  
STATE CORPORATION COMMISSION  
WICHITA, KANSAS  
MAR 13 1995  
OPERATION DIVISION