

15-095-21554-0000

WELL PLUGGING APPLICATION FORM
FILE ONE COPY

API NUMBER 1-7-86 (OF THIS WELL)
(THIS MUST BE LISTED, IF NO API# AVAILABLE PLEASE NOTE DRILLING COMPLETION DATE.)

LEASE OWNER Aldebaran Drilling Co., Inc.

ADDRESS P.O. Box 18611, Wichita, KS 67218

LEASE (FARM NAME) Huffman WELL NO. #1-33

WELL LOCATION 150' NW of C NW SE SEC. 33 TWP. 27S RGE. 10 ~~(EAST)~~ ~~XXXX~~ (WEST)

COUNTY Kingman TOTAL DEPTH 2790' FIELD NAME _____

OIL WELL _____ GAS WELL _____ INPUT WELL _____ STD WELL _____ D&A _____

WELL LOG ATTACHED WITH THIS APPLICATION AS REQUIRED? log is attached
(IF NOT STATE REASON WHY)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 4:30 a.m. 1-7-86

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-128 OF THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION

NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Steve VanGiesen ADDRESS Wichita, KS

PLUGGING CONTRACTOR B. J. Titan LICENSE NO. _____

ADDRESS Medicine Lodge, KS

INVOICE COVERING ASSESSMENT FOR PLUGGING THIS WELL SHOULD BE SENT TO:

NAME Aldebaran Drilling Co., Inc.

ADDRESS same as above

NO PAYMENT WILL BE GUARANTEED BY APPLICANT OF ACTING AGENT.

RECEIVED
STATE CORPORATION COMMISSION

SIGNED: [Signature]
APPLICANT Wayne L. Kirkman, Pres.

JAN 1 9 1986

DATE: 1-8-86