

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 # 15-095-21,684-000 (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 Oil Producers, Inc. of Kansas KCC LICENSE # 8061
(owner/company name) (operator's)
ADDRESS P.O. Box 8647 CITY Wichita
STATE Kansas ZIP CODE 7208 CONTACT PHONE # (316) 681-0231
LEASE Young WELL# 1 SEC 3 T. 28S R. 5W (East/West)
-SW - SW - SW SPOT LOCATION/QQQQ COUNTY Kingman

330 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)
4950 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 8 5/8" SET AT 229 CEMENTED WITH 150 SACKS
SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS
PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____
ELEVATION _____ T.D. _____ PBD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Drilling mud to 1100' w/35sx cement; drilling mud to 800' w/35
sx cement, drilling mud to 250' w/35 sx cement, drilling mud 60' w/25 sx cement, 10 sx cement
rathole, 10 sx in water well
(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? no IS ACO-1 FILED? yes
If not explain why? no log ran

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:

Brad Siroky PHONE# () 316 672-6373
ADDRESS 400 S. Main, Box 4 City/State Pratt, Ks. 67124

PLUGGING CONTRACTOR Allied Cementing, Inc. KCC LICENSE # _____
(company name) (contractor's)
ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 12/1/93

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

DATE: 12/10/93 AUTHORIZED OPERATOR/AGENT: John S. Weir, President

RECEIVED
STATE CORPORATION COMMISSION
John S. Weir
DEC 13 1993

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

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER _____

LEASE NAME _____

WELL NUMBER _____

_____ Ft. from S Section Line

_____ Ft. from E Section Line

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

COUNTY _____

Date Well Completed _____

Plugging Commenced _____

Plugging Completed _____

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

LEASE OPERATOR _____

ADDRESS _____

PHONE#() _____ OPERATORS LICENSE NO. _____

Character of Well _____

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

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 set

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 that
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