

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 # 15-095-21,710-000 (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 Kenneth S. White KCC LICENSE # 30128
(owner/company name) (operator's)

ADDRESS 200 E. First, Suite 405 CITY Wichita

STATE Kansas ZIP CODE 67202 CONTACT PHONE # (316) 263-4007

LEASE Goff WELL# 1 SEC. 8 T. 28 R. 9 (East West)

- SW - NE - SE SPOT LOCATION/XXXX COUNTY Kingman

1650 FEET (in exact footage) FROM (S)N (circle one) LINE OF SECTION (NOT Lease Line)

990 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 _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8-5/8" SET AT 229 CEMENTED WITH 150 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 4457 CEMENTED WITH 100 Sacks @ 1672'
165 Sacks @ 4457' SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: Perf 4019'-4022', CIBP @ 3930', Perf
1550'-1566'

ELEVATION 1638 T.D. 4458 PSTD _____ ANHYDRITE DEPTH _____
(G.L. K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Spot 5 sacks on CIBP @ 3930', Spot 20 sacks thru tubing @ 1550'. Perforate 5 1/2 csg @ 280' and circulate cement to surface

(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:

Herb A. Durant PHONE# 316 886-5463 11-18-96

ADDRESS P O Box 251 City/State Medicine Lodge, KS 67104

PLUGGING CONTRACTOR Pratt Well Service, Inc. KCC LICENSE # 5893
(company name) (contractor's)

ADDRESS P O Box 847, Pratt, KS 67124 PHONE # (316) 672-5901

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 11/12/96

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

DATE: 11/13/96 AUTHORIZED OPERATOR/AGENT: Kenneth S. White
(signature)