

LEASE NAME Brundage #1

WELL NUMBER 1

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

2970 Ft. from S Section Line

2970 Ft. from E Section Line

SEC. 9 TWP. 12 RGE. 15 (E or W)

COUNTY Russell

LEASE OPERATOR Mai Oil Operations, Inc.

ADDRESS P.O. Box 33, Russell, Ks 67665

PHONE# (913) 483-2169 OPERATORS LICENSE NO. 5259

Date Well Completed 5-57

Character of Well inj

Plugging Commenced 6-28-94

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

Plugging Completed 6-28-94

The plugging proposal was approved on 6-28-94 (date)

by Herb Deines, Hays District Office (KCC District Agent's Name).

Is ACO-1 filed? No If not, is well log attached? Yes

Producing Formation LKC Depth to Top 2895 Bottom 2875 T.D. 2900

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
		0	272	8 7/8"	Cont'd w/	130 SKS
		0	3148	5 1/2	Cont'd w/	75 SKS

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
Sand From 2950 - 2830, Cement from 2830 - 2700. Run 7bg to 2200 Spot, 75 SKS 60-40 ppc 10% gel & 150* Hulls. Pull the to 1137 Spot 75 SKS 60-40 ppc 10% gel & 150* Hulls cement circ. Pull the swedge up to 659 squeeze in 30 SKS 60-40 ppc 10% gel. Max PSE. 400 shut in press 250 PSI.

Name of Plugging Contractor Halliburton License No. 7-5-94

Address Hays Ks

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Mai Oil Operations, Inc.

STATE OF Kansas COUNTY OF Russell, ss.

Allen Bangert (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) Allen Bangert

(Address) P.O. Box 33, Russell, Ks 67665

SUBSCRIBED AND SWORN TO before me this 30th day of June, 19 94

Rita M. Clenney
 Notary Public

My Commission Expires: December 17, 1995

USE ONLY ONE SIDE OF EACH FORM



STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
203 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (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 _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

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

_____ 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 _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

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

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

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

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: _____

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

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

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)