

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

15-055-10021-0000

FORM CP-1 (3/92)

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

API # Completion 4-20-56 (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 Lebsack Oil Production KCC LICENSE # 5210 *6/97*
(owner/company name) (operator's)

ADDRESS P. O. Box 489 CITY Hays

STATE Kansas ZIP CODE 67601-0489 CONTACT PHONE # (913) 625-5444

LEASE Sooby WELL# 1 SEC. 27 T. 22 R. 33W (East/West)

NW - NW - NW - SPOT LOCATION/QQQQ COUNTY Finney

330 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 D&A SWD/ENHR WELL DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 10 3/4 SET AT 347' CEMENTED WITH 250 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 4776' CEMENTED WITH 350 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: Perfs 4728-40'; CIBP 4750'

ELEVATION 2882 GL T.D. 4777' PBT'D 4750' ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING _____ ACCORDING TO THE RULES AND REGULATIONS OF THE STATE OF KANSAS.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? NO IS ACO-1 FILED? _____

If not explain why? Log not available. Sent Scout card only.

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:

Wayne Lebsack PHONE# (316) 938-2396

ADDRESS _____ City/State Chase, KS 67524 *7-2-97*

PLUGGING CONTRACTOR Mike's Testing & Salvage Inc. KCC LICENSE # 31529 *9/97*
(company name) (contractor's)

ADDRESS P.O. Box 467 Chase, Kansas 67524 PHONE # () (316) 938-2943

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: 7-1-97 AUTHORIZED OPERATOR/AGENT: Mike Lebsack
(signature)



15-055-10021-0000

Kansas Corporation Commission

Bill Graves, Governor Timothy E. McKee, Chair Susan M. Seltsam, Commissioner John Wine, Commissioner
Judith McConnell, Executive Director David J. Heinemann, General Counsel

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

July 3, 1997

Lebsack Oil Production
P O Box 489
Hays KS 67601-0489

Sooby #1
API 15-N/A
330 FSL 330 FWL
Sec. 27-22S-33W
Finney County

Dear Wayne Lebsack,

This letter is to notify you that the Conservation Division is in receipt of your plugging proposal, form CP-1, for the above-captioned well.

Your CP-1 has been reviewed by the Conservation Division central office for completeness and to verify license numbers. The plugging proposal will now be forwarded to the district office listed below for review of your proposed method of plugging.

Please contact the district office for approval of your proposed plugging method at least at five (5) days before plugging the well, pursuant to K.A.R. 82-3-113 (b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well.

This notice in no way constitutes authorization to plug the above-captioned well by persons not having legal rights of ownership or interest in the well. This notice is void after ninety (90) days from the above date.

Sincerely,

David P. Williams
Production Supervisor

District: #1
304 W. McArtor
Dodge City, KS 67801
(316) 225-6760

15-055-10021-0000

KANSAS CORPORATION COMMISSION

TEMPORARY ABANDONMENT WELL APPLICATION and SEVERANCE EXEMPTION REQUEST
ALL REQUESTED INFORMATION MUST BE SHOWN

PLEASE TYPE ALL INFORMATION

OPERATOR LIC.# 06417

DATE 11-18-94

OPERATOR NAME Union Pacific Resources Company

MAILING ADDRESS P.O. Box 7, MS 3006

CITY, STATE Ft. Worth, Texas ZIP 76101-0007

CONTACT PERSON Camie Kinzenmayer PHONE (817) 877-6530

PURCHASER (if known) OLD: _____ NEW: _____

LEASE NAME George L. Sooby SEC. 27 TWP. 22S RGE. 33 E/W COUNTY Finney

WELL # 1 SPOT LOCATION NW-NW-NW 330 FEET FROM SW LINE OF SECTION (circle one above)

API NO. 15-055-10021 330 FEET FROM E LINE OF SECTION (circle one above)

TYPE OF WELL* Oil TOTAL DEPTH 4777'

DATE DRILLED 4/56 DATE SHUT-IN 4/90

DOCKET NO. IF SLD OR ENHR _____

*TYPE OF WELL INDEX (circle one): (OIL) GAS SLD ENHR MSW

SURFACE CASING

OTHER CASING

TEMPORARY ABANDONMENT CHECK BOX (Below):	PLUG BACK DEPTH	PLUG BACK METHOD	DEPTH TO FLUID FROM SURFACE	GL/DF/KB ELEVATION	SIZE	DEPTH	CEMENT AMOUNT	CONDITION OF CASING	SIZE	DEPTH	CEMENT AMOUNT	CONDITION OF CASING
INITIAL REQUEST _____	4750'	CIBP		2882'	10-3/4"	347'	250 sks.	Good	5-1/2"	4776'	350 sks.	Good
RENEWAL REQUEST <input checked="" type="checkbox"/>	REASON FOR TA REQUEST: Re-evaluating the Danne Field											
SEVERANCE TAX EXEMPTION REQUEST (3 yr. inactive well) _____												

DEPTH AND TYPE OF TOOLS/JUNK IN HOLE N/A

TYPE COMPLETION: ALT. I [] ALT. II [] DEPTH N/A CEMENT AMOUNTS _____

TUBING IN HOLE: 2-3/8" INCH AT 4750' FEET

PACKER TYPE: N/A SIZE _____ INCH SET AT _____ FEET

GEOLOGICAL DATA:	FORMATION NAME	FORMATION TOP	FORMATION BASE	
1.	Mississippian Lime	At: <u>4728'</u>	to <u>4740'</u>	feet Perforation [] or Open Hole []
2.		At: _____	to _____	feet Perforation [] or Open Hole []
3.		At: _____	to _____	feet Perforation [] or Open Hole []

DOCUMENT FOR THREE YEAR INACTIVE WELL SEVERANCE TAX EXEMPTION REQUEST ONLY: LIST PRODUCTION VOLUMES OF OIL or GAS PRODUCED FOR THE PAST THREE YEARS PERIOD FOR THIS WELL BY MONTH AND YEAR AND ATTACH LAST THREE YEARS OF COUNTY REPORTING FORMS. CHECK VOLUME TYPE: OIL _____ GAS _____

MORTHS: _____

19__												
19__												
19__												

DO NOT WRITE IN THIS SPACE - KCC USE ONLY	DATE TESTED	RESULTS	DATE PLUGGED	DATE REPAIRED	DATE PUT BACK IN SERVICE

REVIEW COMPLETED BY: 1-3-95 SWM T.A. APPROVED: YES [] DENIED []
SEVERANCE TAX EXEMPTION APPROVED? YES [] NO [] COMMENTS: _____

1-055-083
RECEIVED
KANSAS CORPORATION COMMISSION
NOV - 2
DEC 15 1994