STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
245 North Water
WICHITA, KANSAS   67202

Rev. 6-3-74
FORM CP-1

## WELL PLUGGING APPLICATION FORM
### File One Copy

API Number ___15 - 185 - 21,354-0000___ (of this well)

Lease Owner ___Sunburst Exploration Company___

Address ___708 One Main Place, Wichita, Kansas   67202___

Lease (Farm Name) ___Wycoff___          Well No. ___#1___

Well Location ___NE SE SW___   Sec. _9_  Twp. _22_  Rge. _14_ XXXX  (W) _____

County _Stafford_          Total Depth _3876_          Field Name _____

Oil Well _____ Gas Well _____ Input Well _____ SWD Well _____ Rotary D & A ___X___

Well Log attached with this application as required ___yes___

Date and hour plugging is desired to begin ___8-7-81,  3:00 p.m.___

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:

___K.T. Woodman___          Address ___1008 Douglas Bldg. 104 S. Broadway___

Plugging Contractor ___Sun Cement___          License No. _____

Address ___Box 169, Great Bend, Kansas 67530___

Invoice covering assessment for plugging this well should be sent to:

Name ___Sunburst Exploration Company___

Address ___708 One Main Place, Wichita, Kansas   67202___

and payment will be guaranteed by applicant or acting agent.

Signed: ___K.T. Woodman___
Applicant or Acting Agent
K.T. Woodman

Date: ___8-12-81___

STATE OF KANSAS

15-185-21354-0000

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado, Derby Bldg.
Wichita, Kansas 67202

# INVOICE and WELL PLUGGING AUTHORITY

September 28, 1981

INVOICE NUMBER: 7707-W

TO: Sunburst Exploration Co.
708 One Main Place
Wichita, KS., 67202

## PLUGGING ASSESSMENT AS FOLLOWS:

PAYABLE UPON RECEIPT

Wycoff #1
NE SE SW, Sec. 9-22S-14W
Staffors                                    $125.97
3876'

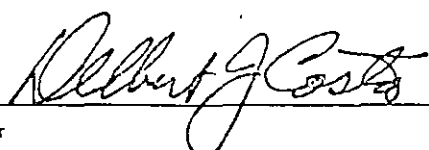NOTE: We also need the following before our file is completed:

_____ Well Plugging Record (CP-4)
_____ Well Log
_____ Well Plugging Application (CP-1)

## WELL PLUGGING AUTHORITY

Gentlemen:
This is your authority to plug the above subject well in accordance with the rules and regulations of the state corporation commission.

This authority is void after ninety (90) days from the above date.

_____
For Administrator

Mr. J. H. Metz, Box 55, Stafford, KS., 67587

is hereby assigned to supervise the plugging of the above mentioned well.

RETURN PINK COPY WITH REMITTANCE