

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

API # 15-185-22,881-600 (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 Coronado Oil & Gas, Inc. KCC LICENSE # 6141
(owner/company name) (operator's)

ADDRESS P.O. Box 1285 CITY Great Bend

STATE Kansas ZIP CODE 67530 CONTACT PHONE # (316) 792-6702

LEASE Wilson A WELL# 1-11 SEC. 11 T. 23 R. 12 (East/West)

100'E - NE - NW - NW SPOT LOCATION/0000 COUNTY Stafford

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

1090 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 8⁵/₈" SET AT 305' CEMENTED WITH 250 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 1830' T.D. 3690' PBDT -- ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING per KCC recommendations

(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:

Abrecrombie RTD, Inc. PHONE# (316) 262-1841

ADDRESS 150 N. Main Suite 801 City/State Wichita, KS. 67202

PLUGGING CONTRACTOR Abrecrombie RTD, Inc. KCC LICENSE # 30684
(company name) (contractor's)

ADDRESS 150 N. Main, Suite 801, Wichita, KS. PHONE # (316) 262-1841

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 11-28-92 4:30 P.M.

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

DATE: 1-13-93 AUTHORIZED OPERATOR/AGENT: [Signature]

(signature) DA 1993

RECEIVED
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
WICHITA, KANSAS
JAN 14 1993

1-14-93