

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- - 21,379-0000 (of this well)
Lease Owner Mustang Drilling & Exploration, Inc.
Address P.O. Drawer 1609, Great Bend, Kansas 67530
Lease (Farm Name) Sara Sleeper Well No. 1
Well Location C SW NE Sec. 9 Twp. 22S Rge. 11 (E) (W) x
County Stafford Total Depth 3650 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 12:30 am 11-2-81

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:
Kenneth Roach Address P.O. Drawer 1609, Gt. Bend, Ks 67530

Plugging Contractor Mustang Drilling & Exploration, Inc. License No.
Address P.O. Drawer 1609, Great Bend, Kansas 67530 11-4-81

Invoice covering assessment for plugging this well should be sent to:
Name Mustang Drilling & Exploration, Inc.
Address P.O. Drawer 1609, Great Bend, Kansas 67530

RECEIVED
STATE CORPORATION COMMISSION
NOV 4 1981
CONSERVATION DIVISION
Wichita, Kansas

and payment will be guaranteed by applicant or acting agent.

Signed: Kenneth Roach
Applicant or Acting Agent
Date: November 2, 1981

STATE OF KANSAS

15-185-21379-0000

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado, Derby Bldg.
Wichita, Kansas 67202-1286

INVOICE and WELL PLUGGING AUTHORITY

December 14, 1981

INVOICE NUMBER: 8721-W

TO: Mustang Drilling and Exploration Company

Box 1425

Great Bend, Ks. 67530

PLUGGING ASSESSMENT AS FOLLOWS:

~~XX~~ Sara Sleeper #1
C SW NE Sec 9-22-11W
Stafford
3650'

\$118,00

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

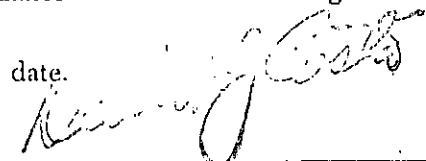
- Well Plugging Record (CP-4)
- Well Log
- Well Plugging Application (CP-1)

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.



Administrator

Mr. J.H. Metz Box 55 Stafford Kansas 67578

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

RETURN PINK COPY WITH REMITTANCE