

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

WELL PLUGGING RECORD  
K.A.R.-62-3-117

API NUMBER 15-093-21,368-0000

LEASE NAME CRIST 'C'

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

WELL NUMBER #1

2310' Ft. from S Section Line

2310' Ft. from E Section Line

SEC. 3 TWP. 21S RGE. 35 (E) or (W)

COUNTY KEARNY

LEASE OPERATOR ABERCROMBIE DRILLING, INC.

ADDRESS 150 N. MAIN, SUITE 801, WICHITA, KS 67202

PHONE/(316) 262-1841 OPERATORS LICENSE NO. 5422

Character of Well D&A

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

Date Well Completed \_\_\_\_\_

Plugging Commenced 4-29-94

Plugging Completed 4-29-94

The plugging proposal was approved on 4-29-94 (date)

by Steve Pfeifer (KCC District Agent's Name).

Is ACO-1 filled? Yes If not, is well log attached? \_\_\_\_\_

Producing Formation \_\_\_\_\_ Depth to Top \_\_\_\_\_ Bottom T.D. 5040'

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
				8 5/8"	268.50'	None

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 plugs were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set. Fill w/heavy mud; set 1st plug @ 3000'-2600' w/100 sx; 2nd plug @ 2300'-2100' w/50 sx; 3rd plug @ 1150'-830' w/80 sx; 4th plug @ 600'-400' w/50 sx; 5th plug @ 300'-100' w/50 sx; 6th plug @ 40'-surface w/10 sx; Total 355 sx 60-40 posmix 6% gel 1/4# Floseal per sk.

Name of Plugging Contractor ABERCROMBIE RTD, INC. License No. 30684

Address 150 N. MAIN, SUITE 801, WICHITA, KS 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: ABERCROMBIE DRILLING, INC.

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

JACK K. WHARTON

(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.

ANGELA WOODARD  
Notary Public - State of Kansas  
My Appt. Expires

(Signature) Jack K. Wharton

(Address) 150 N. MAIN, SUITE 801, WICHITA, KS 67202

SUBSCRIBED AND SWORN TO before me this 20th day of May, 19 94

5-23-94 MAY 23 1994

Angela Woodard  
Notary Public

My Commission Expires: 2-20-97

USE ONLY ONE SIDE OF EACH PAGE  
CORPORATION DIVISION  
Wichita, Kansas

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
CONSERVATION DIVISION  
200 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/XXXX 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 \_\_\_\_\_ DEA \_\_\_\_\_ 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 \_\_\_\_\_ ANHYDRATE DEPTH \_\_\_\_\_  
(G.L./K.E.) (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. sec. 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.S.A. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: \_\_\_\_\_ AUTHORIZED OPERATOR/AGENT: \_\_\_\_\_

(signature)