

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

FORM CP-1
Rev. 6/4/84

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-083-21,168-0000 (of this well)

(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR Galloway Drilling Co., Inc. OPERATORS LICENSE NO. 5783
340 Broadway Plaza, 105 S. Broadway
ADDRESS Wichita, Kansas 67202 PHONE # (316) 263-1793

LEASE (FARM) Chaffee/Selfridge WELL NO. #1 WELL LOCATION NE/4 SE/4 COUNTY Hodgeman
SEC. 14 TWP. 21s RGE. 21 (East or (W)) TOTAL DEPTH 4381 PLUG BACK TO _____

Check One:

OIL WELL _____ GAS WELL _____ D & A xx SWD or INJ WELL _____ DOCKET NO. _____
SURFACE CASING SIZE 8 5/8 SET AT 1270' CEMENTED WITH 500 SACKS
CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS
PERFORATED AT _____

CONDITION OF WELL: GOOD xx POOR _____ CASING LEAK _____ JUNK IN HOLE _____

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL _____

(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? yes IS ACO-1 FILED? attached
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN 4:45 a.m. 10/14/84

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.

NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:
Carl McGuire PHONE # (913) 743-6346
ADDRESS Box 955, WaKeeney, KS 67672

PLUGGING CONTRACTOR Allied Cementing LICENSE NO. _____

ADDRESS P.O. Box 31, Russell, KS 67665 PHONE # (913) 483-2627

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: Susan L. Smith

(Operator or Agent)
Susan L. Smith

DATE: 11/1/84

RECEIVED
STATE CORPORATION COMMISSION
NOV 05 1984
11-5-84
CONSERVATION DIVISION
Wichita, Kansas