

15-009-03305-0000

API NUMBER _____
LEASE NAME 15- DOLECHEK 2/14/46
WELL NUMBER #5
330 Ft. from S Section Line
3300 Ft. from E Section Line
SEC. 13 TWP. 16s RGE. 12 KEXOR(W)
COUNTY BARTON
Date Well Completed 2/14/46
Plugging Commenced 8/23/94
Plugging Completed 8/23/94

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

LEASE OPERATOR WOODMAN-IANNITTI OIL COMPANY
ADDRESS PO BOX 308 : GREAT BEND KS 67530
PHONE#(316) 792-2921 OPERATORS LICENSE NO. 6588

Character of Well OIL

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

The plugging proposal was approved on or about 8/16/1994 (date)
by DENNIS L. HAMEL (KCC District Agent's Name).

Is ACO-1 filed? no/none if not, is well log attached? no, submitted w/application CP-1

Producing Formation ARRICKLE Depth to Top _____ Bottom 3330' T.D. 3338'

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
				12-1/2	353'	none
				5-1/2	3330'	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 plug were used, state the character of same and depth placed, from feet to feet each set
RIH w/tubing to 3250'; Plugged off bottom w/50 sax cement + 300# hulls +8 saxe gel.
spotted 75 sax cement +100# hulls @ 1600'; spotted 50 saxe cement @ 800' to surface.
Pulled tubing & pumped to circulate 75 sax cement from perfs @ 360' to surface.
Max 300#, SIP 400# JOB COMPLETED 12:30 PM 8/23/94 Dennis L. Hamel, KCC DIST #4

Name of Plugging Contractor D S & W WELL SERVICING License No. 6901

Address PO BOX 231; CLAFLIN KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: WOODMAN-IANNITTI OIL COMPANY

STATE OF KANSAS COUNTY OF BARTON, ss.

D. J. IANNITTI, PARTNER (~~EMPLOYEE~~) 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.

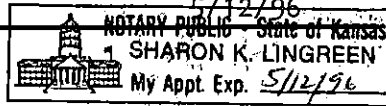
(Signature) [Signature]
WOODMAN-IANNITTI OIL CO.
(Address) PO BOX 308! GREAT BEND KS 67530

RWD
08-25-94

SUBSCRIBED AND SWORN TO before me this 25th day of AUGUST, 19 94

[Signature]
Notary Public
SHARON K. LINGREEN

My Commission Expires: _____
USE ONLY ONE SIDE OF EACH FORM



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/QQQQ 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 ___ D&A ___ 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. _____ PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (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. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING _____

_____ 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.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)

STATE REGULATIONS:
RECEIVED
CORPORATION COMMISSION
AUG 26 1994
CONSERVATION DIVISION
WICHITA, KANSAS