

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

LEASE OPERATOR Oil Reclaiming Company Ltd

ADDRESS 817 NW 141 EDMOND OKLA 73013

PHONE# (405) 755-3608 OPERATORS LICENSE NO. 30800

Character of Well Oil

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

The plugging proposal was approved on 9-3-92 (date)

by DWANE RANKIN, Richard Lacey (KCC District Agent's Name).

Is ACO-1 filed? NA If not, is well log attached? _____

Producing Formation Arkville Depth to Top 3622 Bottom 3675 T.D. 3675

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
KC Lump	WTR	2464	3580	8 3/8	335'	-0-
ViOLA	WTR	3580	3625	5 1/2	3620	343'
Arkville	Oil + WTR	3625	3675			

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
TRIAL TO REENTER WELL COULD NOT GO TO BOTTOM SUSPECT PARTIAL CASING
RUN TO 5 1/2" PULLED 5 1/2" OUT FROM 343' CORROSION. TWT W REAMER + MILL
DRILL TO 453' PIPE NO GOOD TWT W 2 1/8" CEMENT FROM 343' TO SURFACE
W/ 180T SACKS CLASS # CEMENT

Name of Plugging Contractor Oil Reclaiming Co Ltd License No. 30800

Address 817 NW 141ST EDMOND OK 73013

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: OIL RECLAIMING CO. LTD

STATE OF OKLA COUNTY OF OKLA, ss.

Larry STALL (Employee of Operator) or (Operator) o 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.

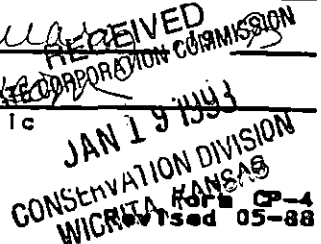
(Signature) [Signature]

(Address) 817 NW 141 EDMOND OK 73013

SUBSCRIBED AND SWORN TO before me this 8th day of January

[Signature]
 Notary Public

My Commission Expires: 1-28-96



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

FORM CP-1
Rev. 03/52

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

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