

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 15-185-22,729-0000 (of this well)
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR L. D. Drilling, Inc. OPERATORS LICENSE NO. 6039

ADDRESS R.R. 1 Box 183 B Great Bend, KS. 67530 PHONE # (316) 793-3051

LEASE (FARM) Dew-Red WELL NO. 1 WELL LOCATION SW SE NW COUNTY Stafford

SEC. 33 TWP. 21-S RGE. 12 (E) or (W) TOTAL DEPTH 3669' 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 300' CEMENTED WITH 240 SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD X 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? by operator
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

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:

Greg Davidson

PHONE # (316) 793-3051

ADDRESS R.R. 1 Box 183 B Great Bend, Ks. 67530

PLUGGING CONTRACTOR Allied Cementing Co., Inc.

LICENSE NO. _____

ADDRESS _____ Great Bend, Ks 67530

PHONE # (316) 793-5861

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT

SIGNED: Greg Davidson
(Operator or Agent)

DATE: November 15, 1990