

API NUMBER 15-185-22871.0000

LEASE NAME KRONE

WELL NUMBER #2

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

990 Ft. from S Section Line

4290 Ft. from E Section Line

SEC. 22 TWP 21s RGE. 13 (E) or (W)

COUNTY STAFFORD

Date Well Completed 9/12/92

Plugging Commenced 9/12/92

Plugging Completed 9/13/92

LEASE OPERATOR GLOBE OPERATING, INC.

ADDRESS PO Box 12 : GREAT BEND KS 67530

PHONE# (316) 792-7606 OPERATORS LICENSE NO. 6170

Character of Well D & A

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

The plugging proposal was approved on 9/08/92 (date)

by Dan Goodrow (KCC District Agent's Name).

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

Producing Formation none Depth to Top \_\_\_\_\_ Bottom T.D. 3790

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
		Surf	375'	8-5/8"	375'	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

Well was plugged by BJ Services with a total of 175 sax of 60-40 Pozmix 6% gel as follows:  
50 sax @ 3670'; 50 sax @ 750'; 50 sax @ 400'; 10 sax @ 40'; 15 sax in rat hole.  
Job completed @ 1:30 AM 9/13/92

Name of Plugging Contractor BJ Services & Woodman-Iannitti Drlg. Co. License No. 112-5862

Address Great Bend KS 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: GLOBE OPERATING, INC.

STATE OF Kansas COUNTY OF Barton, ss.

Ralph Stalcup

(Employee of Operator) or (Operator) o

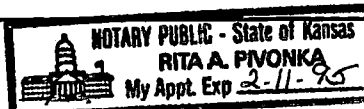
above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the the same are true and correct, so help me God.

(Signature) Ralph Stalcup  
Box 12  
Great Bend, KS 67530

SUBSCRIBED AND SWORN TO before me this 21 day of September, 1992

Rita Pivonka  
Notary Public  
CONSERVATION DIVISION  
Wichita, Kansas

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 \_\_\_\_\_ (owner/company name) KCC LICENSE # \_\_\_\_\_ (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 \_\_\_\_\_ (company name) KCC LICENSE # \_\_\_\_\_ (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)

