

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

WELL NUMBER #2
1650 Ft. from N Section Line
1830' Ft. from E Section Line

LEASE OPERATOR WOODMAN-IANNITTI OIL COMPANY

SEC. 08 TWP. 16s RGE. 13 (E) or (W)

ADDRESS PO BOX 308; GREAT BEND KS 67530

COUNTY BARTON

PHONE# (316) 792-2921 OPERATORS LICENSE NO. 6588

Date Well Completed 9/30/93

Character of Well D & A

Plugging Commenced 9/30/93

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

Plugging Completed 9/30/93

The plugging proposal was approved on 9/30/93 (date)

by KEN KUHN (KCC District Agent's Name).

Is ACO-1 filed? Attached If not, is well log attached? NO LOG RUN

Producing Formation none Depth to Top _____ Bottom T.D. 3408'

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	389	8-5/8"	389'	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

ALLIED CEMENTING CO., INC. cemented w/140 sax total 60-40 Poz-Mix, + 6% gel and T/4#Flo-Seal

as follows: Bottom plug @ 915' w/25 sax thru drill pipe

Next plug @ 485' w/80 sax " " "

Next plug @ 40' to surface w/ 10 sax thru drill pipe

15 sax in rathole, 10 sax in mousehole. Job-completed 1:30PM 9/30/93

Name of Plugging Contractor DUKE DRILLING COMPANY, INC. License No. 5929

Address PO Box 823; Great Bend KS 67530

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

STATE OF KANSAS COUNTY OF BARTON, ss.

D. J. IANNITTI, PARTNER

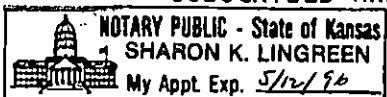
(~~Employer or Operator~~) or (Operator) of

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 the the same are true and correct, so help me God.

(Signature) D. J. Iannitti

(Address) WOODMAN-IANNITTI OIL COMPANY
PO BOX 308; GREAT BEND KS 67530

SUBSCRIBED AND SWORN TO before me this 8th day of October, 1993



Sharon K. Lingreen RECEIVED
Notary Public, CORPORATION COMMISSION
May 12, 1996, SHARON K. LINGREEN

USE ONLY ONE SIDE OF EACH FORM

OCT 12 1993
Form CP-4
Revised 05-88
CONSERVATION DIVISION
Wichita, Kansas

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 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)