

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

LEASE OPERATOR RITCHIE EXPLORATION, INC.

ADDRESS 125 N. Market, #1000; Wichita KS 67202

PHONE# (316) 267-4375 OPERATORS LICENSE NO. 4767

Character of Well D & A

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

The plugging proposal was approved on 7/13/92 (date)

by G Ienn Barlow (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. 3810

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
		Surface	1012'	8-5/8"	1012'	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 plugs were used, state the character of same and depth placed, from feet to feet each set.

Well was plugged by Allied Cementing Co., Inc. with a total of 185 sax of 60-40 PozMix 6% gel, As follows: 50 sax @ 3755' (top of Arbuckle); 50 sax @ 1030' (Anhydrite); 50 sax @ 550' (Cedar Hill); 10 sax @ 40'; 15 sax in rat hole; 10 sax in the water well. Job completed at 9:00 AM 7/14/92

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor WOODMAN - IANNITTI DRILLING COMPANY License No. 5122

Address PO Box 308; Great Bend KS 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: RITCHIE EXPLORATION, INC.

STATE OF Kansas COUNTY OF Sedgwick, ss.

Ritchie Exploration, Inc. (Employee of 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 that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) 125 N. Market, Wichita, Kansas

SUBSCRIBED AND SWORN TO before me this 20th day of July, 1992

[Signature]
Notary Public

My Commission Expires: 8-29-95

STATE CORPORATION COMMISSION
CONSERVATION DIVISION
Wichita, Kansas



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

FORM CP-1
Rev. 2/89

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER _____ (of this well).
(This must be listed; if no API# was issued, please note drilling completion date.)

WELL OWNER/OPERATOR _____ OPERATOR'S LICENSE NO. _____

ADDRESS _____ PHONE # () _____

LEASE (FARM) _____ WELL NO. _____ WELL LOCATION _____ COUNTY _____

SEC. _____ TWP. _____ RGE. _____ (E) or (W) TOTAL DEPTH _____ PLUG BACK TD _____

Check One:

OIL WELL _____ GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PERFORATED AT _____

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
(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 REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE # () _____

ADDRESS _____

PLUGGING CONTRACTOR _____ LICENSE NO. _____

ADDRESS _____ PHONE # () _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT.

SIGNED:

(Operator or Agent)

DATE:

