

LEASE NAME Bryan

WELL NUMBER 1

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

C W<sup>2</sup> NW SE Ft. from S Section Line

1 Ft. from E Section Line

SEC. 24 TWP. 19 RGE. 1 (E) or (W)

COUNTY McPherson

Date Well Completed 1977

Plugging Commenced 10-12-93

Plugging Completed 10-13-93

LEASE OPERATOR Bryan Oil

ADDRESS Canton Rs

PHONE# ( ) \_\_\_\_\_ OPERATORS LICENSE NO. \_\_\_\_\_

Character of Well Oil

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

The plugging proposal was approved on (marked in) to replace expired CP-1 (date)  
by Ralph Tittel in field (KCC District Agent's Name).

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

Producing Formation Mississippian Depth to Top 2904 Bottom 2956 T.D. 2980

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
<u>Mississippian</u>	<u>Salt Water</u>	<u>Surface</u>	<u>143</u>	<u>8 5/8</u>	<u>143</u>	<u>-0-</u>
		<u>Surface</u>	<u>2980</u>	<u>4 1/2</u>	<u>2980</u>	<u>628'</u>

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 section. Sanded to 28.50 cemented to 2800. Shot @ 428 + pulled casing  
Ran in 250' 2 3/8" + cemented to top with cement + 60lb gel, pulled off  
is being

Name of Plugging Contractor RC Development Inc License No. STATE 78

Address RR1, Box 56, Alliance, KS (68831)

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: RC Development, Inc

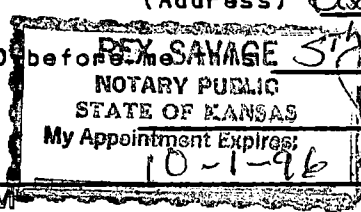
STATE OF Kansas COUNTY OF Marion, ss.

Theo Bond (Employee of Operator) or (Operator) 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) Theo Bond

(Address) Box 151, Marion, KS 66861

SUBSCRIBED AND SWORN TO before me PEX SAVAGE 3rd day of November, 19 93



Notary Public PEX SAVAGE

My Commission Expires: \_\_\_\_\_  
USE ONLY ONE SIDE OF EACH FORM

11-16-1993  
RECEIVED  
STATE CORPORATION COMMISSION  
NOV 16 1993  
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/0000 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. \_\_\_\_\_ PBD \_\_\_\_\_ 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)