

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

FORM CP-1 (3/92)

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 1517521487-0000 (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 Texaco E & P Inc KCC LICENSE # 4742
(owner/company name) (operator's)

ADDRESS P. O. Box 2700 CITY Pampa

STATE Texas ZIP CODE 79066-2700 CONTACT PHONE # (806) 669-8460

LEASE Estelle Smith WELL# 22-2 SEC. 22 T. 31S R. 32W (East/West)

C - NW - SPOT LOCATION/0000 COUNTY Seward

1320 FEET (in exact footage) FROM S/10 (circle one) LINE OF SECTION (NOT Lease Line)

1320 FEET (in exact footage) FROM E/10 (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 8 5/8 SET AT 567 CEMENTED WITH 375 SACKS

PRODUCTION CASING SIZE 4 1/2 SET AT 2899 CEMENTED WITH 600 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 2857 T.D. 2857 PBDT 2852 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? YES

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:

Mark W. Amundson PHONE# (806) 669-8460

ADDRESS P. O. Box 2700 City/State Pampa, Texas 79066-2700

PLUGGING CONTRACTOR H & K Plugging & Salvage KCC LICENSE # 31705
(company name) (contractor's)

ADDRESS P. O. Box 2742 Pampa, Texas 79066-2742 PHONE # (806) 665-2550

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 Dennis Lee Johnson
(signature)