KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
September 2003
This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

API # __15 - 003-23446-00-00_____ (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date __04/30/04_____ .   9/04

Well Operator: __Laymon Oil II, LLC_____ KCC License #: __32710_____
(Owner / Company Name)   (Operator's)

Address: __1998 Squirrel Rd_____ City: __Neosho Falls_____

State: __KS_____ Zip Code: __66758_____ Contact Phone: (620) 963 - 2495

Lease: __Wilson_____ Well #: __8-91_____ Sec. __32__ Twp. __22__ S. R. __19__ ✓ East ☐ West

NE4 - NE - SW - _____ Spot Location / QQQQ   County: __Anderson_____

__2135_____ Feet (in exact footage) From ☐ North / ✓ South (from nearest outside section corner) Line of Section (Not Lease Line)

__3290_____ Feet (in exact footage) From ✓ East / ☐ West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: ✓ Oil Well   ☐ Gas Well   ☐ D&A   ☐ Cathodic   ☐ Water Supply Well

☐ SWD Docket # _____   ☐ ENHR Docket # _____   ☐ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: __7"_____ Set at: __20_____ Cemented with: __7_____ Sacks

Production Casing Size: __2.5"_____ Set at: __885_____ Cemented with: __97_____ Sacks

List (ALL) Perforations and Bridgeplug Sets: __824' - 854'_____

Elevation: _____ (☐ G.L. / ☐ K.B.) T.D.: __890__ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: ✓ Good   ☐ Poor   ☐ Casing Leak   ☐ Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): __Fill 2.5" with cement_____

RECEIVED

Is Well Log attached to this application as required? ✓ Yes ☐ No   Is ACO-1 filed? ✓ Yes ☐ No

JUN 0 4 2004

If not explain why? _____

KCC WICHITA

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: __Kenneth Laymon_____

Phone: (620) 963 - 2495

Address: __1998 Squirrel Rd_____ City / State: __Neosho Falls, KS 66758_____

Plugging Contractor: __Ralph Nickell_____ KCC License #: __8469_____
(Company Name)   (Contractor's)

Address: __18696 Farlin Rd, Parker, KS 66072_____ Phone: (913) 898 - 6862

Proposed Date and Hour of Plugging (if known?): __04/30/04__ 5-17-04 Plugged

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: __06/01/04_____ Authorized Operator / Agent: _Regina Laymon_
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202