15-147-19073-00-02

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 # $\frac{7-28-46}{}$ (Identifier number of this well). This must be list wells drilled since 1967; if no API# was issued, indicate spud or completion d	
	L OPERATOR VITAL ENERGIES KCC LICENSE # 30415	
	WELL OPERATOR VITAL ENERGIES KCC LICENSE # 3041 ADDRESS P.O. BOX 1 (owner/company name) CITYPHILLIPSBURG	's)
	STATE KS ZIP CODE 67661 CONTACT PHONE # (913 543-20)	
	LEASE HUFFSTUTTER COOP UNIT WELL#2S0-1 SEC. 13 T.2S R.19 (East	/West)
, and	SPOT LOCATION/QQQQ COUNTY PHILLIPS	
- Tr	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	
	SURFACE CASING SIZE SET AT CEMENTED WITH	SACKS
	PRODUCTION CASING SIZE 8 5/8 SET AT 1278 CEMENTED WITH 350	
	LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 871-876 886-901 1278-1432	
	ELEVATION T.D. PBTD 1185 ANHYDRITE DEPTH (Stone Correct Formation	4
	CONDITION OF WELL: GOOD POOR CASING LEAK JUNK DI HOLE	on)
	PROPOSED METHOD OF PLUGGING	
		<u>.</u>
	2	1
•	(If additional space is needed attach separate page)	
-	S WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? IS ACO-1 FILED?	
]	If not explain why?	
F	PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. $55-101$ et. ${ m seq}$. AND CULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.	THE
Ţ	IST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERAT	IONS:
_	ANTHONY BACH PHONE# 913 543-2092	
A	DDRESS P.O. BOX 1 City/State PHILLIPSBURG, KS 67661	
P	LUGGING CONTRACTOR ALLIED CEMENTING CO., INC. KCC LICENSE #	
A	DDRESS HAYS, KS 67601 (company name) (contractor's	
P	ROPOSED DATE AND HOUR OF PLUGGING (If Known?) 10/24/96	
P.	AYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR A	GENT
D.	ATE: 10-24-96 AUTHORIZED OPERATOR/AGENT: (MIKOMY Back)	
	(\signature)	