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

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

API # 15-147-20564 (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 Thoroughbred Associates (owner/company name) KCC LICENSE # 31514 (operator's)
ADDRESS 10 Colonial Court CITY Wichita

STATE Kansas ZIP CODE 67207 CONTACT PHONE # (316) 685-1512

LEASE Boyd Trust WEL# 1 SEC. 1 T. 4S R. 19W (East/West) C-- SE-- SW-- NE-- SPOT LOCATION/qqqq COUNTY Phillips

2970 FEET (in exact footage) FROM N (circle one) LINE OF SECTION (NOT Lease Line)
1650 FEET (in exact footage) FROM W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL ___ GAS WELL ___ D&A X SWD/ENHR WELL ___ DOCKET#

CONDUCTOR CASING SIZE _____ SET AT CEMENTED WITH _____ SACKS
SURFACE CASING SIZE 8-5/8" SET AT 219 CEMENTED WITH 140 sxs SACKS
PRODUCTION CASING SIZE SET AT CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:

ELEVATION __GL 2026'___ T.D. 3487' PBDT _____ ANHYDRITE DEPTH 1567-1593 (Stone CorTal Formation)

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

PROPOSED METHOD OF PLUGGING Plug with 200 sxs of 60/40 pozmix, 1/4# flocele, 6% gel. 1st plug set at 1575' w/25 sxs; 2nd plug set at 1000' w/100 sxs; 3rd plug set at 270' w/40 sxs; 4th plug set at 40' w/10 sxs; 15 sxs in rat hole, 10 sxs in mouse hole.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _no__ IS ACO-1 FILED? _yes__

If not explain why? ___ no log run

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:

Bill Petersen PHONE # (316) 685-1512
ADDRESS 10 Colonial Court City/State Wichita, KS 67207

PLUGGING CONTRACTOR Allied Cementing Company LICENSE #
ADDRESS _____________ (company name) (contractor's)
PHONE # ( )

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) ___ October 22, 1995 a.m.

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

DATE: 11-7-95 AUTHORIZED OPERATOR/AGENT: [Signature]