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 # NA (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 Oil Producers Of Kansas KCC LICENSE # 8661

ADDRESS P.O. Box 8647 (owner/company name) CITY Wichita

STATE Kansas ZIP CODE 67208 CONTACT PHONE # (316) 672-2140

LEASE Beers Estates WELL# 1 SEC. 23 T. 4S R 27W (East/West)

SPOT LOCATION/County Decatur

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 XX GAS WELL ___ D&A ___ SWD/ENHR WELL ___ DOCKET# ___

CONDUCTOR CASING SIZE NA SET AT NA CEMENTED WITH NA SACKS

SURFACE CASING SIZE 8 5/8 SET AT 287 CEMENTED WITH 220 SX. Cement SACKS

PRODUCTION CASING SIZE 4 1/2 SET AT 3305 CEMENTED WITH 125 SX. Cement SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3240-3179

ELEVATION NA T.D. 3246 PTBD 3246 ANHYDRITE DEPTH 1250 FT. (Stone Corral Formation)

(G.L./K.B.)

CONDITION OF WELL: GOOD ____ POOR XXXX CASING LEAK ____ JUNK IN HOLE ____


(If additional space is needed attach separate page)

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

If not explain why? NA

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:

R. L. Hrbek Northwest well Serv PHONE# (913) 674-2852

ADDRESS 517 West Elm City/State Hill City KS. 67642

PLUGGING CONTRACTOR Northwest Well Serv. KCC LICENSE # 31664

ADDRESS 517 W. Elm Hill City KS. (company name) PHONE # (913) 674-2852

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 3-21-1996

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

DATE: 5-2-94 AUTHORIZED OPERATOR/AGENT: ____________________________

(signature)