STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

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

API # 15-137-203970000 (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 ____________________________ KCC LICENSE # 5050
Hummon Corporation (owner/company name)

ADDRESS 950 N. Tyler (operator's)
CITY Wichita

STATE KS ZIP CODE 67212-3240 CONTACT PHONE # (316) 773-2300

LEASE Bales WELL# 1 SEC. 13 T.4S R. 22 (RANK/West)

- SW - SW - SW SPOT LOCATION/XXXX COUNTY Norton

330 FEET (in exact footage) FROM G/N (circle one) LINE OF SECTION (NOT Lease Line)

330 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

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

CONDUCTOR CASING SIZE NA SET AT CEMENTED WITH SACKS

SURFACE CASING SIZE 8-5/8" SET AT 250' CEMENTED WITH 150 SACKS

PRODUCTION CASING SIZE 5-1/2" SET AT 4628' CEMENTED WITH 100 SACKS

BAKER PORT COLLAR SET AT 1812' CEMENTED WITH 350 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: Perf: 3621 - 3622

ELEVATION 2160/2167 T.D. 3634' PBTD 3598' ANHYDRITE DEPTH 1828

(Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING As approved by Carl Goodrow

STATE CORPORATION COMMISSION

RECEIVED

AUG 08, 1996

(IF additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes 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:

__________________________ PHONE# (316) 886-5871
Tom Post

ADDRESS P.O. Box 365 City/State Medicine Lodge, KS 67104

PLUGGING CONTRACTOR Poe Servicing, Inc KCC LICENSE # 3152

ADDRESS P.O. Box 115, Oberlin, KS 67749-0115 PHONE # (913) 475-3422

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) August 2, 1996

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

DATE: 8/7/96 AUTHORIZED OPERATOR/AGENT: ________________

(Signature)
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

API NUMBER  
LEASE NUMBER  
WELL NUMBER  
______ Ft. from S Section Line  
______ Ft. from E Section Line  
SEC.  __________  TWP.  __________  RGE.  (E) or (W)  
COUNTY  

LEASE OPERATOR  
ADDRESS  
PHONES( ) __________ OPERATORS LICENSE NO.  
Character of Well  
(Oil, Gas, O&A, SWD, Input, Water Supply Well)  

Date Well Completed  
Plugging Commenced  
Plugging Completed  

The plugging proposal was approved on __________________ (date)  
by __________________ (KCC District Agent's Name).  

Is ACD-1 filed?  __________ If not, is well log attached?  

Producing Formation  
Depth to Top  
Bottom  
T.D.  

Show depth and thickness of all water, oil and gas formations.  

OIL, GAS OR WATER RECORDS  
CASING RECORD  

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Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each section.  

Name of Plugging Contractor  
License No.  
Address  

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES:  

STATE OF  __________ COUNTY OF  __________  

(Employee of Operator) or (Operator) certifies that the above-described well, being first duly sworn on oath, says: That I have knowledge of the facts and matters herein contained and the log of the above-described well as filed therewith are true and correct, so help me God.  

(Signature)  
(Address)  

SUBSCRIBED AND SWORN TO before me this day of __________, __________.  

Notary Public  

My Commission Expires:  

Form CF-4  
Revised 05-68