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 # 15-023-20325-00 (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 Smokey Valley Resources, Inc. KCC LICENSE #32081
ADDRESS P.O. Box 199 CITY Chase
(owne companyId name) (opera's)
STATE KS ZIP CODE 67524 CONTACT PHONE # (620) 938.2470
LEASE Briney Farms WELL# 2 SEC. 4 T. 5S R. 37 (East/West)
S/2. N/2. NE. ___ SPOT LOCATION/CCCQ COUNTY Cheyenne
1140 FEET (in exact footage) FROM S (circle one) LINE OF SECTION (NOT Lease Line)
1320 FEET (in exact footage) FROM E (circle one) LINE OF SECTION (NOT Lease Line)

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

CONDUCTOR CASING SIZE SET AT CEMENTED WITH __________ SACKS
SURFACE CASING SIZE 8 5/8" SET AT 340' CEMENTED WITH 250 SACKS
PRODUCTION CASING SIZE 4 1/2" SET AT 4761' CEMENTED WITH 250 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 4620-4626

ELEVATION 3374' T.D. 4780' PBTD ANHYDRITE DEPTH (Stone Corral Formation)

CONDITION OF WELL: GOOD X POOR ___ CASING LEAK ____ JUNK IN HOLE ______

PROPOSED METHOD OF PLUGGING Following the rules and regulations of the KCC.

_____________________________________

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? ______ 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:
George Saling PHONE# ( ) 620.938.2470
ADDRESS P.O. Box 199 City/State Chase, KS 67524

PLUGGING CONTRACTOR Northwest Well Service KCC LICENSE #31664
ADDRESS P.O. Box 159, Merino, CO 80741 PHONE # ( )

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) ASAP 1-17-2002 1:00 pm

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT
DATE: 1/31/02 AUTHORIZED OPERATOR/AGENT: __________

Rect
(3/02)

1-16-2002