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 # 15-051-24 649-00-00
(Identifier number of this well). This must be listed for wells drilled since 1957; if no API# was issued, indicate spud or completion date.

WELL OPERATOR Raney Oil Co. KCC LICENSE # 31523
ADDRESS 3425 Tam O'Shanter
CITY Lawrence

STATE KS ZIP CODE 66047 CONTACT PHONE # 855-749-0672
LEASE Diessel WELL# 10 SEC. 3 T. 44 R. 20 (East/ West)

SE SE NE SPOT LOCATION/0000 COUNTY Ellis

300 FEET (in exact footage) FROM S N (circle one) LINE OF SECTION (NOT Lease Line)

300 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 __________ SACKS

SURFACE CASING SIZE 8 3/8" SET AT 250 CEMENTED WITH CIRC 160X X 640X SACKS

PRODUCTION CASING SIZE 5 1/2" SET AT 3854 CEMENTED WITH 75X 440X SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: Squeeze 1528' w/50X 8H250 - 205X

ELEVATION 2234 T.D. 3867 PBTD 3861 ANHYDRITE DEPTH 1528-1575
(Stone Corral Formation)

CONDITION OF WELL: GOOD □ POOR □ CASING LEAK □ JUNK IN HOLE □

PROPOSED METHOD OF PLUGGING (P 64% 10% Gel) 50X w/50X #2Hulls - 205X

200X 5K Total 64/40 10% Gel 500X #4 Hulls 20 Gel

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? YES □ IS ACO-1 FILED? N/A

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:
Raney Oil Co. Robert Waltham PHONE # 855-749-0672
ADDRESS 2213 Virginina Drive City/State Wichita, KS

PLUGGING CONTRACTOR Raney Oil Co. KCC LICENSE # 31523
ADDRESS 3425 Tam O'Shanter Lawrence KS PHONE # 855-749-0672

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 4-11-02 Plugged

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

DATE: ___________ AUTHORIZED OPERATOR/AGENT: ____________________________

(signature)