WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER (Completed 5-12-78) (of this well).

This must be listed; if no API# was issued, please note drilling completion date.

WELL OWNER/OPERATOR Thunderbird Drilling OPERATOR'S LICENSE NO. 5131

ADDRESS P. O. Box 97, Ellinwood, Ks. PHONE # (316) 564-2577

LEASE (FARM) Briney WELL NO. 1 WELL LOCATION C-SW-NW COUNTY Thomas

SEC. 6 TWP. 6 RGE. 36 (E)or(W) TOTAL DEPTH 4860 PLUG BACK TD 4697

Check One:

OIL WELL xx GAS WELL ___ D & A ____ SWD or INJ WELL ___ DOCKET NO. _______

SURFACE CASING SIZE 8 5/8 SET AT _______ CEMENTED WITH _______ SACKS

CASING SIZE 4 1/2 SET AT 4790 CEMENTED WITH 100 SACKS

PERFORATED AT 4672 to 4682

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

PROPOSED METHOD OF PLUGGING Per KCC

(If additional space is needed use back of form.)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? NA IS ACO-1 FILED? no

(Date not explain.)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN ____ ASAP

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.

NAME OF REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Maynard Weber

ADDRESS P. O. Box 97, Ellinwood, Ks. PHONE # (316) 564-2577

PLUGGING CONTRACTOR Great Bend Casing Pullers, Inc. LICENSE NO. 4635-CP

ADDRESS Box 768, Great Bend, Kansas 67530 PHONE # (316) 793-9711

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

SIGNED: ________________________________ DATE: __________

(Operator or Agent) 5-25-90