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 # 15-163-23301-00-00 (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 Ritchie Exploration, Inc. KCC LICENSE # 4767
(Owner/Company Name) (Operator's)

ADDRESS P.O. Box 783188 CITY Wichita

STATE Kansas ZIP CODE 67278-3188 CONTACT PHONE # (316) 691-9500

LEASE Fischlai-5C WELL# 1 SEC. 5 T. 7 R. 20 (East/West)

C 40' E/2. W/2. SW SPOT LOCATION/DDDD COUNTY Rooks

1320 FEET (in exact footage) FROM SW (circle one) LINE OF SECTION (NOT Lease Line)

1030 FEET (in exact footage) FROM E (circle one) LINE OF SECTION (NOT Lease Line)

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

CONDUCTOR CASING SIZE ______ SET AT ______ CEMENTED WITH _______ SACKS

SURFACE CASING SIZE 8 5/8" SET AT 220 CEMENTED WITH 160 SACKS

PRODUCTION CASING SIZE ______ SET AT ______ CEMENTED WITH _______ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:

ELEVATION 2200 2205 T.D. 3725 PBTD ______ ANHYDRITE DEPTH ______

(G.L./K.E.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING To be plugged as follows: 225 sx 60/40 pozmix, 6% gel, 1/4# Floseal per sx; 25 sx @ 3720', 25 sx @ 1825', 100 sx @ 1100',
40 sx @ 270' 10 sx @ 40', 15 sx rathole, 10 sx mousehole.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? no 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:

Arnold Hess

ADDRESS P.O. Box 40 City/State Ransom, KS 67572

PHONE# ( )

PLUGGING CONTRACTOR Mallard JV, Inc. KCC LICENSE # 4958

(Company Name) (Contractor's)

ADDRESS P.O. Box 1009 McPherson, KS 67460 PHONE# ( )

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 12-23-97

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

DATE: 1-5-98 AUTHORIZED OPERATOR/AGENT: 

(signature)