Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

Form CP-1 September 2003 This Form must be Typed Form must be Signed All blanks must be Filled

API# 15 - 169 120,057 -00-00 ____ (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued, indicate original spud or completion date_ KCC License #: 6819 Scott's Well Service, Inc. ____ City:_ Roxbury P.O. Box 136 Zip Code: <u>67476-0136</u> Contact Phone: (785) 254-7828 Kansas State: Ostenberg Sec. 30 Twp. 15 S. R. 3 East X West Well #: Lease: 1/4 Saline Spot Location / QQQQ County: 2140 Feet (in exact footage) From North / X South (from nearest outside section corner) Line of Section (Not Lease Line) 1000 Feet (in exact footage) From East / X West (from nearest outside section corner) Line of Section (Not Lease Line) Check One: X Oil Well Gas Well D&A Cathodic Water Supply Well SWD Docket # ENHR Docket # _ Set at: Cemented with: Conductor Casing Size:_ 8-5/8" 360**'** 250 Surface Casing Size: Set at:_ Cemented with: Sacks 5-1/2" 3425**'** 175 Cemented with: Production Casing Size:_ Set at: Sacks Perfs: 3411-16 List (ALL) Perforations and Bridgeplug Sets: __ 1288 (G.L. / X K.B.) T.D.: 3425 PBTD: Elevation: Anhydrite Depth: _ (Stone Corral Formation) Condition of Well: X Good Poor Casing Leak Junk in Hole Proposed Method of Plugging (attach a separate page if additional space is needed): According to the rules & regulations of the State of Kansas. Yes X No Is ACO-1 filed? Is Well Log attached to this application as required? Unavailable 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: (785) 254 - 7828 Jay Scott Roxbury, Kansas 67476-0316 P.O. Box 136 Address:____ Plugging Contractor: Mike's Testing & Salvage, Inc. KCC License #: 31529 Phone. (620) 938 P.O. Box 467 Chase, Kansas 67524 **ASAP** Proposed Date and Hour of Plugging (if known?): ___ Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent __ Authorized Operator / Agent: _

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

CORPORATION COMMISSION

Kathleen Sebelius, Governor

Brian J. Moline, Chair

Robert E. Krehbiel, Commissioner

Michael C. Moffet, Commissioner

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

Scott's Well Service Inc PO Box 136 Roxbury, KS 67476

October 14, 2004

Re: OSTENBERG #5

API 15-169-20057-00-00

SENENWSW 30-15S-3W, 2140 FSL 1000 FWL

SALINE COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division is in receipt of your plugging proposal, form CP-1, for the above-captioned well.

Your CP-1 has been reviewed by the Conservation Division central office for completeness and to verify license numbers. The plugging proposal will now be forwarded to the district office listed below for review of your proposed method of plugging.

Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113 (b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well.

This notice in no way constitutes authorization to plug the above-captioned well by persons not having legal rights of ownership or interest in the well. This notice is void after ninety (90) days from the above date.

District: #2

3450 N. Rock Road, Suite 601

Wichita, KS 67226

(316) 630-4000

Sincerely

David P. Williams

Production Supervisor