

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 - 167,21917-0002 (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 _____.

Well Operator: SCHOLBOHM OIL OPERATIONS Scholbohm KCC License #: 4952
(Owner / Company Name) (Operator's)

Address: 47 MICHAWANIE RD # 3D City: SANBORNVILLE

State: NH Zip Code: 03873-3787 Contact Phone: (603) 522 - 9760

Lease: HIENZE Well #: 2 Sec. 9 Twp. 14 S. R. 13 East West

SE - SE - SE Spot Location / QQQQ County: RUSSELL

330 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

~~4950~~ 330 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

KCC-1-26-05-5KA - Der op 2-3,

Check One: Oil Well Gas Well D&A Cathodic Water Supply Well

SWD Docket # _____ ENHR Docket # _____ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 8 5/8 Set at: 437 Cemented with: 150 Sacks

Production Casing Size: 4 1/2 Set at: 2437 Cemented with: 150 Sacks

List (ALL) Perforations and Bridgeplug Sets: 2344-52 2374-80 TARK

Elevation: 1319 (G.L. / K.B.) T.D.: 2435 P.B.T.D.: _____ Anhydrite Depth: 636

(Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): AS KCC REQUIERS

RECEIVED
DEC 17 2004
KCC WICHITA

Is Well Log attached to this application as required? Yes No Is ACO-1 filed? Yes No

If not explain why? NOT AVAILABLE TO US

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: JON DRISCOLL

Phone: (785) 483 - 9580

Address: P O BOX 291 City / State: RUSSELL KS

Plugging Contractor: QUALITY WELL SERVICE KCC License #: 31925
(Company Name) (Contractor's)

Address: 401 W MAIN LYONS KS 67554 Phone: (620) 727 - 3410

Proposed Date and Hour of Plugging (if known?): ASAP 12-15-04 Plugged

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 12/10/04 Authorized Operator / Agent: [Signature]
(Signature)