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 -** 169-20066-00-00 ___ (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 $_{\rm 1/26/1975}$ Well Operator: D. S. & W. Oil Operations KCC License #: 6901 (Owner / Company Name) Address: P.O. Box 231 ___ _{City:}_Claflin State: Kansas ____ Zip Code: 67525 ____ Contact Phone: (620) 587 - 3361 Lease: Mortimer _ Well #: 3E Sec. 4 Twp. 16 S. R. 1 County:_Saline NW Spot Location / QQQQ 4950' Feet (in exact footage) From North / 🗸 South (from nearest outside section corner) Line of Section (Not Lease Line) 4290' Feet (in exact footage) From 🗸 East / West (from nearest outside section comer) Line of Section (Not Lease Line) Check One: ✓ Oil Well Gas Well D&A Cathodic Water Supply Well SWD Docket # _ ENHR Docket # _ Set at: Conductor Casing Size:_ _____ Cemented with: Surface Casing Size: 8-5/8" _____ Set at: _ 160' _____ Cemented with: 150 Sacks Production Casing Size: 5-1/2" _____ Cemented with: 150 List (ALL) Perforations and Bridgeplug Sets: Open Hole: Mississippi PBTD: 2627' Elevation: 1264' ([G.L./ V.K.B.) T.D.: 2652' Anhydrite Depth: ✓ Good Poor Casing Leak Junk in Hole Proposed Method of Plugging (attach a separate page if additional space is needed): As per KCC Is Well Log attached to this application as required? Yes V No Is ACO-1 filed? Yes V No If not explain why? Not provided by previous operator. 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 List Name of Company Representative authorized to be in charge of plugging operations: Edward S. Nemnich Phone: (620) 587 - 3361 Address: P.O. Box 231 ____ City / State: Claflin, Kansas 67525 Plugging Contractor: D. S. & W. Well Servicing, Inc. _____ KCC License #: 6901 (Company Name) (Contractor's) Address: P.O. Box 231, Claflin, Kansas 67525 Phone: (620) 587 - 3361 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 Date: 5/27/05 _____ Authorized Operator / Agent:_ Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Leissue

CORPORATION COMMISSION

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Brian J. Moline, Chair

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

D S & W Well Servicing, Inc. 403 Front Street Claflin, KS 67525

June 01, 2005

Re: MORTIMER #3E

API 15-169-20066-00-00

NENWNW 4-16S-1W, 4950 FSL 4290 FEL

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