

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

FORM CP-1 (1/3/92)

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 15-073-24019-00-00 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date. 6/06

WELL OPERATOR Schankie Well Service, Inc. KCC LICENSE # 6470
(owner/company name) (operator's)

ADDRESS 1006 SW Blvd, P O Box 397 CITY Madison

STATE Kansas ZIP CODE 66860 CONTACT PHONE # (620) 437 2595

LEASE Glodowski WELL# 3 SEC. 21 T. 23S R. 11 (East West)

E2 - SE - SE - SW SPOT LOCATION/0000 COUNTY Greenwood

330 FEET (in exact footage) FROM S N (circle one) LINE OF SECTION (NOT Lease Line)

2805 FEET (in exact footage) FROM E W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A SWD/ENHR WELL DOCKET# _____

CONDUCTOR CASING SIZE NA SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8 5/8" SET AT 40' CEMENTED WITH 15 SACKS

PRODUCTION CASING SIZE NA SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: NA

ELEVATION 1195' T.D. 1994' PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Spot plugs down 3 1/2" Drill Pipe as follows:

15sxs @ 1994', 15sxs @ 1000' & 50sxs @ 250' to surface

(If additional space is needed attach separate page)

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

If not explain why? No logs were taken, new well that was dry.

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:

Clifford Schankie PHONE# (620) 437-2595

ADDRESS P O Box 397 City/State Madison, Ks 66860

PLUGGING CONTRACTOR Schankie Well Service, Inc. KCC LICENSE # 6470
(company name) (contractor's)

ADDRESS P O Box 397 Madison, KS 66860 PHONE # 620 437-2595

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 9-26-05 Plugged

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

DATE: 9-26-05 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

RECEIVED
OCT 17 2005
KCC WICHITA