

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

MAY 24 2001
5/24/01
FORM CR-1 (3/92)
CONSERVATION DIVISION

15-163-19019-0000 **WELL PLUGGING APPLICATION FORM**
(PLEASE TYPE FORM and File ONE Copy)

API # 10-11-63 (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 Carmen Schmitt Inc. KCC LICENSE # 6569 6/01
(owner/company name) (operator's)

ADDRESS P.O. Box 47 CITY Great Bend KS 67530

STATE KS ZIP CODE 67530 CONTACT PHONE # () 620 793 5100

LEASE Doane WELL# W-8 SEC. 34 T. 8 R. 16W (East/West)

C-5/2-SE-38 SPOT LOCATION/0000 COUNTY Rooks

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

400 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 X DOCKET# E-6619

CONDUCTOR CASING SIZE ___ SET AT ___ CEMENTED WITH ___ SACKS

SURFACE CASING SIZE 8 5/8 SET AT 129 CEMENTED WITH 90 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 3389 CEMENTED WITH 125 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3101 - 3234

ELEVATION 1998/2003 T.D. 3390 PBD 3358 ANHYDRITE DEPTH 1268-1308
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING Per KCC District 4

DV @ 1275' 600 sx 1275' to surface.

Desire to pump cement plug down casing.
(If additional space is needed attach separate page)

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

If not explain why? Not available

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:

Curtis Hitzschmann PHONE# () 620 793 2540

ADDRESS P.O. Box 47 City/State Great Bend KS 67530

PLUGGING CONTRACTOR Allied Cementing KCC LICENSE # ___
(company name) (contractor's)

ADDRESS Russell KS PHONE # () ___

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 8-14-01 @ 11:00 am plugged

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

DATE: 5-23-01 AUTHORIZED OPERATOR/AGENT: Carmen Schmitt
(signature)