KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

API #__15 - 151-22137-0000_____ *(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: __KENNETH S. WHITE_____ KCC License #: __30128_____
_____(Owner / Company Name)_____(Operator's)

Address: __2400 N. Woodlawn, Suite 115_____ City: __Wichita_____

State: __Kansas_____ Zip Code: __67220_____ Contact Phone: (316) 682 - 6300

Lease: __Zink_____ Well #: __1____ Sec. __4____ Twp. __26__ S. R. __11____ ☐ East ✔ West

__NW__ - __SE__ - __SE__ - _____ Spot Location / QQQQ   County: __Pratt_____

__990_____ Feet *(in exact footage)* From ☐ North / ✔ South *(from nearest outside section corner)* Line of Section *(Not Lease Line)*

__990_____ Feet *(in exact footage)* From ✔ East / ☐ West *(from nearest outside section corner)* Line of Section *(Not Lease Line)*

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: __10-3/4"_____ Set at: __255_____ Cemented with: __225_____ Sacks

Production Casing Size: __5-1/2"_____ Set at: __4166_____ Cemented with: __175_____ Sacks

List *(ALL)* Perforations and Bridgeplug Sets: __4010-4030', 4032', 4034', 4036', 4038-4044', all one shot per foot__

Elevation: __1840__ (☐G.L./✔K.B.) T.D.: __4170____ PBTD: __4145__ Anhydrite Depth: __1110' - 1780'__
_____(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)*: __Fill with sand to 3900' and dump 5 sacks cement, shoot__
__casing for recovery, pull casing and plug @ 650' w/50 sx cement, 70 sx @ 250', 15 sx @ 40', 60/40 PozMix, 6% gel__

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

If not explain why? __Sent in when well drilled_____

RECEIVED
MAR 0 2 2006
KCC WICHITA

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:_____

__Herb Durant_____ Phone: (620) 886 - 5463

Address: __P.O. Box 251_____ City / State: __Medicine Lodge KS 67104__

Plugging Contractor: __Mike's Testing & Salvage, Inc._____ KCC License #: __31529__
_____(Company Name)_____(Contractor's)

Address: __P.O. Box 467, Chase KS 67524_____ Phone: (620) 938 - 2943

Proposed Date and Hour of Plugging *(if known?)*: __3/9/06 — 2:30 PM__

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

Date: __3/1/2006_____ Authorized Operator / Agent: __Kenneth S. White__
_____(Signature)

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

✳ Well already plugged - Dlg.

Do+01