

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

FORM CP-1 (3/92)

WELL PLUGGING APPLICATION FORM

(PLEASE TYPE FORM and File ONE Copy)

15-111-20295-00-00

API # NA (Identifier number of this well). This must be listed for wells drilled since 1957; if no API# was issued, indicate spud or completion date.

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

ADDRESS 1006 SW Blvd, PO Box 397 CITY Madison

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

LEASE Nuessen WELL# B-10 SEC. 31 T. 21S R. 12 (East/West)

-NW -SE -NE SPOT LOCATION/QQQQ COUNTY Lyon

3599
3580 FEET (in exact footage) FROM SN (circle one) LINE OF SECTION (NOT Lease Line)
1307
1300 FEET (in exact footage) FROM EW (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL X 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 55' CEMENTED WITH 25 SACKS

PRODUCTION CASING SIZE 4 1/2" SET AT 1984' CEMENTED WITH 60 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:

ELEVATION 1215' T.D. 1985' PBDT 1985' ANHYDRITE DEPTH NA
(G.L./K.B.) (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING Spot plug down 2 3/8" tubing @ 1878' 5sx cement & 3sx gel, Rip pipe @ 850' & pull, set plugs @ 800' 17sx cement & 2sx gel, @ 150' 50sx cement to surface
(If additional space is needed attach separate page)

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

If not explain why?

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 PO Box 397 City/State Madison, KS 66860

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

ADDRESS PO Box 397 Madison, KS 66860 PHONE # (620) 437-2595

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 4-10-06 ~ 8:00 AM

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

DATE: 4-10-06 AUTHORIZED OPERATOR/AGENT: Clifford Schankie, Inc
(signature)

RECEIVED

MAY 18 2006

KCC WICHITA

*Well already plugged - kcc-dlg

Dist 03