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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 - 051-05293 - 00. 01 (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 $\underline{12\text{-}30\text{-}47}$ Well Operator: __Tengasco, Inc KCC License #: (Owner / Company Name) (Operator's) Hays PO Box 458 Contact Phone: (785) 625 - 6374 _ Zip Code: 67601 Kansas Lease: Kraus I Sec. 27 Twp. 14 S. R. 19 ☐ East ✓ West _ Well #: 1A Ellis SW - SE NE _ ->____Spot Location / QQQQ County: 3630 2770 Feet (in exact footage) From North / 🗸 South (from nearest outside section corner) Line of Section (Not Lease Line) Feet (in exact footage) From

✓ East / West (from nearest outside section corner) Line of Section (Not Lease Line) Water Supply Well D&A Cathodic Gas Well Check One: ✓ SWD Docket # D-6904 ENHR Docket # ____ Other: Cemented with: Conductor Casing Size: Set at: 8-5/8" 1380' Cemented with: 800 Surface Casing Size: Cemented with: Cmt circ to surface 615' 5-1/2" Production Casing Size:_ _ Set at: List (ALL) Perforations and Bridgeplug Sets: _ Elevation: 2086' ([G.L./]K.B.) T.D.: 3731' PBTD: 1426' ____ Anhydrite Depth: 1355-1402' (Stone Corral Formation) Casing Leak Junk in Hole Condition of Well: ✓ Good Poor Proposed Method of Plugging (attach a separate page if additional space is needed):__ As Per KCC request Yes ✓ No Is ACO-1 filed? Is Well Log attached to this application as required? If not explain why? None 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, Gary Wagner List Name of Company Representative authorized to be in charge of plugging operations:... Phone: (785) 625 - 6374 City / State: Hays, Ks 67601 PO Box 458 **Express Well Service** _____ KCC License #: 6426 Plugging Contractor: (Company Name) (Contractor's) Address: PO Box 19 Victoria, Ks 67671 _____ Phone: (785) 735 - 9405 Proposed Date and Hour of Plugging (if known?): 3/6/06 Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent _____ Authorized Operator / Agent:_____ Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Well already plugged - KCC-Dig-7/25/06

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