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

FORM CP-1 (3/92)

KCC WICHITA

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

API # 15-073-22463-00-00 Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.
WELL OPERATOR Evans 0il, Inc.  (owner/company name)  ADDRESS P 0 Box 67  CITY Lebo
WELL OPERATOR Evans Oil, Inc.  (owner/company name)  ADDRESS P O Box 67  CITY Lebo
STATE Kansas ZIP CODE 66856 CONTACT PHONE # (62) 437-2595
LEASE Harshman FARMS WELL# 10 SEC. 8 T. 23 R. 13 (East/West)
C - N2 - SE - SE SPOT LOCATION/QQQQ COUNTY Greenwood
990 FEET (in exact footage) FROM SYN (circle one) LINE OF SECTION (NOT Lease Line)
660 FEET (in exact footage) FROM EYW (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 150' CEMENTED WITH NA SACKS
PRODUCTION CASING SIZE 4½" SET AT 1860' CEMENTED WITH NA SACKS
LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 1815'-1823' 17 shots
ELEVATION NA T.D. 1900' PBTD 1860' ANHYDRITE DEPTH NA (Stone Corral Formation)
CONDITION OF WELL: GOOD x PCOR CASING LEAK JUNK IN HOLE
PROPOSED METHOD OF PLUGGING Spot plugs down 2 3/8" tubing as follows:
20sxs @ 1700', Perforate 2 shots @ 800', 25sxs @ 800', Perforate 2
shots @ 150', 86 sxs @ 150' to surface (If additional space is needed attach separate page)
IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? Yes IS ACO-1 FILED? NA
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 P 0 Box 397 City/State Madison, KS 66860
PLUGGING CONTRACTOR Schankie Well Service, Inc. KCC LICENSE # 6470 (company name) (contractor's)
ADDRESS P 0 Box 397 Madison, KS 66860 PHONE # 6(20) 437-2595
PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 8-4-06 8:00 AM
PAYMENT OF THE PLUGGING FEE (X.A.R. 82-3-118) WILL BE COARANTEED BY OPERATOR OR AGENT
DATE: 8-4-06 AUTHORIZED OPERATOR/AGENT: (signature) RECEIVED
* well already plugged-KEC-DIG