

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 # 15-185-20,284-00-00 (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 8-23-1970

Well Operator: LOEWEN OPERATOR, INC. KCC License #: 5631
(Owner / Company Name) (Operator's)

Address: P.O. Box 335 City: Canton

State: Kansas Zip Code: 67428 Contact Phone: (620) 628-4425

Lease: Estes Well #: 3 Sec. 5 Twp. 22 S. R. 14 East West
- SE - SE - NE Spot Location / QQQQ County: Stafford

2310 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

330 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: 8 5/8 Set at: 450 ft. Cemented with: _____ Sacks

Production Casing Size: 5 1/2 Set at: 3851 ft. Cemented with: _____ Sacks

List (ALL) Perforations and Bridgeplug Sets: 3851-53, 3843-46, 3837-40, Arbuckle
(believe casing squeezed at 955' w/300 sx, 2567' w/75 sx)

Elevation: 1949 (G.L. / K.B.) T.D.: 3853' PBTD: _____ Anhydrite Depth: _____
(Stone Coral Formation)

Condition of Well: Good Poor Casing Leak Junk In Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): as per KCC rules and regulations.
No pipe recovery Sand at 3780 + 5 SKS.

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

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: _____

Phone: () _____

Address: _____ City / State: _____

Plugging Contractor: Quality Well Service KCC License #: 31925
(Company Name) (Contractor's)

Address: 401 West Main, Lyons, Ks. 67554 Phone: (620) 727-3410

Proposed Date and Hour of Plugging (if known?): 11-1-06

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

Date: 10-30-06 Authorized Operator / Agent: Mauryal Loewen, Pres
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 207(I), Wichita, Kansas 67202

* Well already plugged - KCC-Dlg

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DEC 05 2006

KCC WICHITA

Quality Well Service, Inc.

401 West Main
Lyons, KS 67554

Invoice

Date	Invoice #
11/6/2006	822

Bill To
Loewen Operator Inc. Box 335 Canton, KS 67428

P.O. No.	Terms	Lease Name
	net	Estes 3

Description	Qty	Rate	Amount
Rig Time	11.5	155.00	1,782.50T
Sand		35.00	35.00T
Cement	5	9.00	45.00T
Torch		50.00	50.00T
Water Truck	4.5	70.00	315.00T
Backhoe	2.5	70.00	175.00T
Phone Calls		15.00	15.00T
Clerical		20.00	20.00T
Tubing Rental	930	0.40	372.00T
10-31-06 Drove to location, raised pole, checked hole, drove home.			
11-1-06 Drove to location, sanded off bottom, loaded hole with water, dug out casing head, changed over to run tubing, checked hole, sand was at 3780', bailed 5 sacks cement with bailer, ran 30 joints tubing down to 930', circulated with 80 sacks to surface, pulled tubing out, filled casing with 30 sacks, stayed full, tied on to 8 5/8", mixed 5 sacks, had 600 psi, tore down floor and rig, cut surface off 4' below ground, cleaned up location.			
Subtotal			\$2,809.50
Sales Tax (6.3%)			\$177.00
Total			\$2,986.50

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