

Keep
10-23-08

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 # 15-113-20-280-0001 (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 8/77

Well Operator: Tom Brown Const., Inc. KCC License #: 6306
(Owner / Company Name) (Operator's)

Address: 24506 Bonnet Rd. City: Astor
Florida State: Zip Code: 32102 Contact Phone: (352) 759-2152

Lease: Dale Reese Well #: 1 Sec. 13¹⁷ Twp. 17 S. R. 3 East West
SE SW Spot Location / QQQQ County: McPherson

690 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)
3780 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 # D 19147 ENHR Docket # Other:

Conductor Casing Size: Set at: Cemented with: Sacks

Surface Casing Size: 8 5/8 Set at: 320 Cemented with: 320 Sacks

Production Casing Size: 4 1/2 Set at: 3540 Cemented with: 3072 Sacks

List (ALL) Perforations and Bridgeplug Sets:

Elevation: (G.L. / K.B.) T.D.: 3700 PBDT: Anhydrite Depth: (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):

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FEB 19 2008
CONSERVATION DIVISION
WICHITA, KS

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

Kelso Casing Phone: (620) 938-2943

Address: P.O. Box 467 City / State: Chase, Kansas 67524

Plugging Contractor: Mike's Testing & Salvage KCC License #: 31529
(Company Name) (Contractor's)

Address: Phone: ()

Proposed Date and Hour of Plugging (if known?): 6/19/08 - 10:00 AM

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

Date: 2/1/08 Authorized Operator / Agent: Marva Walker
(Signature)

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

* Well plugged - KCC-Dlg

Dst
02

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-19147

Disposal Enhanced Recovery:

SE SW Sec 17, T 17 S, R 3 E6

Repressuring
Flood
Tertiary

690 Feet from South Section Line
3180 Feet from East Section Line

Date injection started 8-77
API #15 - 113 - 20 280

Lease Dale Reese Well # 1
County McPherson

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FEB 19 2008

CONSERVATION DIVISION
WICHITA, KS

Operator: Tom Brown Const.

Operator License # 6306

Name &

Address 401 W. Normal Dr.

Contact Person Marva Walker

Lindsborg, Ks 67456-1535 Phone 785-823-8223

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 1000 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size		<u>8 5/8"</u>	<u>4 1/2"</u>			<u>2 3/8"</u>
Set at		<u>320</u>	<u>3540</u>			<u>3400'</u>
Cement Top		<u>0</u>	<u>3072</u>			Type <u>F.G.</u>
" Bottom		<u>320</u>	<u>3540</u>			
DV/Perf.						
Packer type <u>Fluid</u>						
Zone of injection <u>Arbuckle</u>						

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

Test failed immediately and was stopped

F Time: Start 0 Min. 15 Min. 30 Min.
E Pressures: 20[#] 0 Set up 1 System Pres. during test 0
D Set up 2 Annular Pres. during test 0-20[#]
D Set up 3 Fluid loss during test N/A bbls.

T Tested: Casing or Casing - Tubing Annulus
A The bottom of the tested zone is shut in with Packer *Test was stopped due to failure of MIT*

Test Date 12/19/07 Using Sunflower Tank Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 2990 feet was the zone tested x Don Tolle

Signature Title

The results were Satisfactory _____, Marginal _____, Not Satisfactory

State Agent Meg Eves Title Risk II Witness: Yes No _____

REMARKS: Test failed, Disposal not being used (no production)

Origin. Conservation Div.; KCR/E/T; Dist. Office;
 Computer Update