

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 # 15-111-19011-00-00 (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 _____

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 #: A6 Sec. 31 Twp. 21 S. R. 12 East West

NE - NW - NE Spot Location / QQQQ County: Lyon

4950 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

1650 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: NA Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 8 5/8" Set at: 126' Cemented with: 75 Sacks

Production Casing Size: 4 1/2" Set at: 1872' Cemented with: 50 Sacks

List (ALL) Perforations and Bridgeplug Sets: _____

Elevation: NA (G.L. / K.B.) T.D.: 1884' PBTD: NA Anhydrite Depth: NA
(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): Spot 15sk cement plug down 2 3/8" tubing @ 1800', Gel Spacer, Spot 10sk cement plug @ 800', Gel Spacer, Perforate @ 150', Spot 30sk cement plug @ 160' to surface

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

If not explain why? No Info Available

RECEIVED

NOV 17 2008

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: _____

Schankie Well Service, Inc. Phone: (620) 437-2595

Address: 1006 SW Blvd, 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?): 8-21-08 8:00am

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

Date: 9-29-08 Authorized Operator / Agent: [Signature]
(Signature)

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

Well Plugged - KCC - PKT

*Dist #3
PKT*