## WAR CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## MAR 4 6 2009 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

RECEIVED

API # 15 - 135-23194800		(Identifier Number of this well).	. This must be listed	for wells drilled sin	ice 1967; if no Al	PI # was issued,
indicate original spud or completion date		•				
Well Operator: WHITETAIL CRUDE	ксс і	KCC License #: 31627				
Address: P O BOX 544	(Owner / Company Name)		City: NESS CITY		(Operator's)	
_ KS		Zip Code: 67560-0544	•		- 3641	
Lease: BRENNER	VCCPUT	Well #: 15WD		Twp. <u>17</u> s.		East 🗸 West
<b>0</b> NE	NE		nty:_NESS	. Twp 3.		Teast A Mest
4620 Foot (5 avert foots	·				**************************************	
660		. —	rest outside section con			
Feet (in exact footag			rest outside section con	ner) Line of Section	n (Not Lease Line 	"
Check One: ☐ Oil Well ☐ Ga  SWD Docket # D25,3		&A Cathodic	Water Supply Well		<i>*</i>	4, <b>6*</b>
		ENHR Docket #		Other: .		
Conductor Casing Size:		Set at:		ed with:		Sacks
Surface Casing Size: 8 5/8				ed with: 160		Sacks
	•		Cement	ed with: 250		Sacks
List (ALL) Perforations and Bridgeplug	Sets: 933-45, 93	33-970, 960-1049, 1063-1	1095			
Condition of Well: Good  Proposed Method of Plugging (attach a s as tubing was pulled out.			unk in Hole KCC specs. Ran tu	The state of the s	Corral Formation)	n cement
Is Well Log attached to this application a	s required?	Yes No is ACO-1 file	ed? Yes No	).		
If not explain why?			'' .	***************************************	ģ.	
Plugging of this Well will be done in a			Miles I Calibria	President	Corporation Co	mmission.
Address: P O Box 544		; مر. : مر.		ess City, KS 675	60-0544 <sup>2/2</sup>	) centerá
Plugging Contractor: Whitetail Crude,	Inc	- V V	the state of the s			
P.O. Poy 544, None City K	(Company	Name)	KCC License #:		(Contractor's) 3641	4
Proposed Date and Hour of Plugging		9 Approved by Steve Sturn	Phone: <u>( 785</u>	n an	W	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			U FIFT	Table of the state	<del></del>
Payment of the Plugging Fee (K.A.R. 8	:	m.h.	T, T			~ ~ <b>~</b> ~ <b>~</b>
Date: Authorize	d Operator / Age	nt: Mike J./Fri	itzler, Pres	revent.		- Mr.
Mail to:	CC - Conserva	tion Division, 130 S. Marke			7202	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

XWell Plugged-Koc-PKT,