

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION**
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
**This Form must be Typed
Form must be Signed
All blanks must be Filled**

OPERATOR: License #: 8061
Name: Oil Producers of Kansas, Inc.
Address 1: 1710 Waterfront Parkway
Address 2: _____
City: Wichita State: KS Zip: 67201 + _____
Contact Person: Brandon Siroky
Phone: (316) 215-1357

API No. 15 - N/A 097-20273-0001
If pre 1967, supply original completion date: _____
Spot Description: _____
C - NW-NE Sec. 6 Twp. 28 S. R. 17 East West
660 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kiowa
Lease Name: McElwain ouwa Well #: 1

KCC
PKT

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8" Set at: 415' Cemented with: _____ Sacks
Production Casing Size: 4 1/2" Set at: 4805' Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:
4728' - 4740'

Elevation: 2181' (G.L. / K.B.) T.D.: 4850' PBDT: 4776' Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

as per KCC

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, explain why:

KANSAS CORPORATION COMMISSION

MAY 15 2009

RECEIVED

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

Company Representative authorized to supervise plugging operations: Brandon Siroky

Address: 1710 Waterfront Parkway City: Wichita State: KS Zip: 67201 + _____

Phone: (316) 215-1357

Plugging Contractor License #: 31925 Name: Quality Well Service

Address 1: 190th US 56 Highway Address 2: _____

City: Ellinwood State: KS Zip: 67526 + _____

Phone: (620) 727-3410

Proposed Date of Plugging (if known): ASAP 5-19-09 100-1 AM

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

Date: 5-13-09 Authorized Operator / Agent: Quality Well Service
(Signature)

Dist 1
PKT

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

#Well Plugged - KCC - PKT