

Amended

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

15-145-20538-0000

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. ~~15-145-20538-0000~~ 112/1999
If pre 1967, supply original completion date: _____
Spot Description: _____
C S/2 N/2 SE/4 Sec. 7 Twp. 23 S. R. 16 East West
1650 Feet from North / South Line of Section
1320 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Pawnee
Lease Name: Schartz C Well #: 1

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: 351' Cemented with: 200 Sacks
Production Casing Size: 4 1/2" 10.5# Set at: 4198' Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:
4102' - 4106' 4111' - 4116' 4127' - 4134' Sand @ 4040 + 4565.

RECEIVED
MAY 28 2009

Elevation: 2064' (G.L. / K.B.) T.D.: 4200' P.B.T.D.: 4152' 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
pipe record 2030.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, explain why:
Bottom 3800 30 SKS 2 HWD
1070' 50 SKS 3801 400 50 SKS 40' 20 SKS

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

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 4-28-09 Authorized Operator / Agent: _____
(Signature)

Dist 1
PKT