

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 #: 34179
Name: Thomas M. Brown, LLC
Address 1: P.O.Box 250
Address 2: _____
City: Plainville State: Ks Zip: 67663 + _____
Contact Person: Jake Brown
Phone: (785) 737-7070

API No. 15 - 163-21438 - 0000
If pre 1967, supply original completion date: _____
Spot Description: _____
E/2 SW NE Sec. 26 Twp. 8 S. R. 18 East West
3.300 Feet from ~~North~~ South Line of Section
1.377 Feet from East ~~West~~ Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: Paul Dechant Well #: 1

RECEIVED
OCT 05 2009
KCC WICHITA

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: 156 Cemented with: 105 Sacks
Production Casing Size: 4 1/2 Set at: 3413 Cemented with: 160 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Perfs: 3259-62, 3247-52, 3356-60, 3314-20, 3333-37, Open Hole 3413-33.

Elevation: 1988 (G.L. / K.B.) T.D.: 3433 PBTD: _____ Anhydrite Depth: 1319
(Stone Coral Formation)
Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
Proposed Method of Plugging (attach a separate page if additional space is needed):
(Interval)

Per District #4

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

If ACO-1 not filed, 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

Company Representative authorized to supervise plugging operations: Jake Brown
Address: P.O. Box 250 City: Plainville State: Ks Zip: 67663 + _____
Phone: (785) 737-7070
Plugging Contractor License #: 99996 Name: Allied Cementing
Address 1: P.O. Box 31 Address 2: _____
City: Russell State: Ks Zip: 67665 + _____
Phone: (785) 483-2627

Proposed Date of Plugging (if known): ASAP 9/20/09

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

Date: 10-2-2009 Authorized Operator / Agent: _____ (Signature)

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

** Well plugged - KCC PKT*

*DIST 4
PKT*