



KANSAS CORPORATION COMMISSION 1031917
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2009

This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

OPERATOR: License #: 31021
Name: Castelli Exploration, Inc.
Address 1: 6908 NW 112TH
Address 2: _____
City: OKLAHOMA CITY State: OK Zip: 73162 + 2976
Contact Person: Tisha Love
Phone: (405) 722-5511

API No. 15-051-00439-00-01
If pre 1967, supply original completion date: _____
Spot Description: NW NE SE NE Sec. 28-14S-17W
NW-NE SE-NE Sec. 28 Twp. 14 S. R. 17 East West
3,651 Feet from North / South Line of Section
411 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: DINKLE OWWO Well #: 2

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: 9 Set at: 225 Cemented with: 0 Sacks
Production Casing Size: 5 Set at: 3498 Cemented with: NA Sacks

List (ALL) Perforations and Bridge Plug Sets:

Attached

Elevation: 1960 (G.L. / K.B.) T.D.: 3488 PBTD: _____ 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:

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: Rick Popp

Address: PO Box 187 City: Hoisington State: KS Zip: 67544 + _____

Phone: (620) 786-5514

Plugging Contractor License #: 6426 Name: Express Well Service & Supply Inc

Address 1: PO BOX 19 Address 2: _____

City: VICTORIA State: KS Zip: 67671 + 0019

Phone: (785) 735-9405

Proposed Date of Plugging (if known): _____

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

Submitted Electronically

Disx
PLOT

Form	CP1 - Well Plugging Application
Operator	Castelli Exploration, Inc.
Well Name	DINKLE OWWO 2
Doc ID	1031917

Perforations And Bridge Plug Sets

3486	3488	Arbuckle	
3250	3302	LKC	



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Michael C. Moffet, Commissioner
Joseph F. Harkins, Commissioner*

October 09, 2009

Tisha Love
Castelli Exploration, Inc.
6908 NW 112TH
OKLAHOMA CITY, OK73162-2976

Re: Plugging Application
API 15-051-00439-00-01
DINKLE OWWO 2
NE/4 Sec.28-14S-17W
Ellis County, Kansas

Dear Tisha Love:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after April 07, 2010. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,
Production Department Supervisor

cc: District 4

(785) 625-0550