

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

OPERATOR: License #: 5420
Name: White & Ellis Drilling, Inc.
Address 1: P.O. Box 48848
Address 2: _____
City: Wichita State: KS Zip: 67201 + 8848
Contact Person: Dallas Flowers
Phone: (316) 321-0550

API No. ~~15~~ 15-185-20,863 -0000
If pre 1967, supply original completion date: _____
Spot Description: C SE NW
SW 5 E NW Sec. 26 Twp. 25 S. R. 15 East West
3300 3214 Feet from North / South Line of Section
3300 3481 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stafford
Lease Name: Waddle Well #: 2

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD
 SWD Permit #: D-19,524 ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8" Set at: 299' Cemented with: 225 Sacks
Production Casing Size: 4 1/2" Set at: 4650' Cemented with: 100 Sacks

List (ALL) Perforations and Bridge Plug Sets:
open hole 4650' to 4825'

Elevation: 2009 (G.L. / K.B.) T.D.: 4825 PBTD: 4650' Anhydrite Depth: N/A
(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 required

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

If ACO-1 not filed, explain why:

RECEIVED
OCT 08 2009
KCC WICHITA

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: Dallas Flowers

Address: P.O. Box 249 City: El Dorado State: KS Zip: 67042 + _____

Phone: (316) 321-0550

Plugging Contractor License #: 6123 Name: Chase Well Service, Inc.

Address 1: P.O. Box 355 Address 2: _____

City: Great Bend State: KS Zip: 67530 + 0355

Phone: (620) 793-9556

Proposed Date of Plugging (if known): 10-20-09

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

Date: 10-6-09 Authorized Operator / Agent: [Signature]
(Signature)

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

Dist
PBT