

RECEIVED

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

AUG 28 2009

Form CP-1
March 2009

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

WELL PLUGGING APPLICATION **KCC WICHITA**
Please TYPE Form and File ONE Copy

OPERATOR: License #: 6569
Name: Carmen Schmitt, Inc.
Address 1: P.O. Box 47
Address 2: _____
City: Great Bend State: KS Zip: 67530 + _____
Contact Person: Curtis Hitschmann
Phone: (620) 793-2540

API No. 15 - 163-22319 - 0000
If pre 1967, supply original completion date: 3/7/1984
Spot Description: _____
NE SW NW Sec. 29 Twp. 7 S. R. 17 East West
1,650 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: Schruben W Well #: 1 **KCC PKT Pm CP2/3**

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: 1187' Cemented with: 425 Sacks
Production Casing Size: 5-1/2" Set at: 3349' Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Topeka 2942'; LKC 2960-3186'; Arbuckle 3254-3268'

Elevation: 1776' (G.L. / K.B.) T.D.: 3350' PBTD: _____ Anhydrite Depth: 1183'
(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 orders

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: Curtis Hitschmann
Address: P.O. Box 47 City: Great Bend State: KS Zip: 67530 + _____
Phone: (620) 793-2540
Plugging Contractor License #: 6901 Name: D.S. & W. Well Servicing, Inc.
Address 1: 1822 24th Street Address 2: _____
City: Great Bend State: KS Zip: 67530 + _____
Phone: (620) 793-5838

Proposed Date of Plugging (if known): ASAP 8/31/09 10:00 AM

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

Date: 08/27/2009 Authorized Operator / Agent: Tom Dushan (Signature)

**DIST 4
PKT**

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

*** Well plugged - KCC - PKT**