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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

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

Form CP-1
March 2009

OPERATOR: License #: 3956
Name: Brungardt Oil & Leasing, Inc.
Address 1: P.O. Box 871
Address 2: _____
City: Russell State: KS Zip: 67665 + _____
Contact Person: Gary L. Brungardt
Phone: (785) 483-4975

API No. 15 - 051-20,256 - 0000
If pre 1967, supply original completion date: _____
Spot Description: _____
C - SE NW Sec. 26 Twp. 12 S. R. 16 East West
1,980 Feet from North / South Line of Section
1,980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Furth Well #: 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: 400' Cemented with: 305 Sacks
Production Casing Size: 5 1/2" Set at: 3454' Cemented with: 75 Sacks

List (ALL) Perforations and Bridge Plug Sets:
DV tool at 1139' cemented with 270 - circulated sacks
4 1/2" Liner at 3428' cemented with 150 4/20/06 liner
4 1/2" Liner at 3428' cemented with 175 4/27/06 liner
Elevation: 1981 (G.L. / K.B.) T.D.: 3467 PBTD: _____ Anhydrite Depth: 1129 +852
(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 K.C.C. Instructions

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: Gary L. Brungardt
Address: P.O. Box 871 City: Russell State: KS Zip: 67665 + _____
Phone: (785) 483-4975
Plugging Contractor License #: 6426 Name: Express Well Service
Address 1: P.O. Box 19 Address 2: _____
City: Victoria State: KS Zip: 67671 + _____
Phone: (785) 735-9405
Proposed Date of Plugging (if known): 9/22/09 1000 AM

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 9/15/09 Authorized Operator / Agent: Gary L. Brungardt (Signature) Dist 4

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