

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 #: 5285
Name: The Dane G. Hansen Trust
Address 1: P. O. Box 187
Address 2: _____
City: Logan State: KS Zip: 67646 + 0187
Contact Person: Richard L. Wallgren, Sr.
Phone: (785) 689-8400

API No. 15 - 051-22,235 - 0000
If pre 1967, supply original completion date: _____
Spot Description: _____
NW - SW - NE Sec. 34 Twp. 13 S. R. 20 East West
3630 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Storm J Well #: 6

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: N/A Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8 Set at: 210 306 Cemented with: 175 160 Sacks
Production Casing Size: 5 1/2 Set at: 3823 Cemented with: 175 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 2243 (G.L. / K.B.) T.D.: 3831 PBTD: 3460 Anhydrite Depth: 1550-1580
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: N/A
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

RIH tubing to 3350', Pump 200 sks 60/40 - 4% - 200#Hulls.
ROH to 2500', Pump 100 sks 60/40 - 4% - 100# Hulls. ROH to 1500', Pump 100 sks. 60/40 - 4% with 100# Hulls, circ to surface. Hook up to backside and displace 10 Sks. 60/40 - 4%.

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

If ACO-1 not filed, explain why:

RECEIVED
SEP 16 2009

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: Richard L. Wallgren, Sr.
Address: P. O. Box 187 City: Logan State: KS Zip: 67646 + _____
Phone: (785) 689-8400
Plugging Contractor License #: 32382 Name: Swift Services
Address 1: P. O. Box 466 Address 2: _____
City: Ness City, State: KS Zip: 67568 + _____
Phone: (785) 798-2300

Proposed Date of Plugging (if known): 9-11-09 1000 AM

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

Date: 9-14-09 Authorized Operator / Agent: Richard L. Wallgren, Sr. (Signature)

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

*Well Plugged - KCC-PKT

KCC PKT
Per CP 213

KCC PKT
Per CP 213

KCC WICHITA

Dist 4
PKT