

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 #: 32384 32834
Name: JTC Oil, Inc.
Address 1: PO Box 24386
Address 2: _____
City: Stanley State: KS Zip: 66283 + _____
Contact Person: Tom Cain
Phone: (913) 208-7914

API No. 15 - 059-25304-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
SE - SW - SW Sec. 29 Twp. 15 S. R. 21 ☒ East ☐ West
50 Feet from ☐ North / ☒ South Line of Section
4,150 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: Franklin
Lease Name: Moldenhauer Well #: 51

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: 6 1/4" Set at: 20' Cemented with: 3 sacks Sacks
Production Casing Size: 2 7/8" Set at: 798 Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (☐ G.L. / ☐ K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: ☐ Good ☐ Poor ☐ Junk in Hole ☒ Casing Leak at: 112
(Interval)

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

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: Tom Cain

Address: Po Box 24386 City: Stanley State: KS Zip: 66283 + _____

Phone: (913) 208-7914

Plugging Contractor License #: 32384 32834 Name: JTC Oil, Inc.

Address 1: PO Box 24386 Address 2: _____

City: Stanley State: KS Zip: 66283 + _____

Phone: (913) 208-7914

Proposed Date of Plugging (if known): _____

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

Date: 11-20-09 Authorized Operator / Agent: _____
(Signature)

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

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 25 2009

CONSERVATION DIVISION
WICHITA, KS