

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 #: 30931
Name: Daystar Petroleum, Inc.
Address 1: PO Box 360
Address 2: _____
City: Valley Center State: KS Zip: 67147 + 0360
Contact Person: Charles Schmidt
Phone: (316) 755-3492

API No. 15 - 159-04417-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
C - NW - SE - SE Sec. 4 Twp. 18 S. R. 8 East West
990 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: Rice
Lease Name: Kratzer Well #: 4

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: 205 Cemented with: _____ Sacks
Production Casing Size: 5 1/2" Set at: 3281 Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1762 (G.L. / K.B.) T.D.: 3282' PBTD: 3210' Anhydrite Depth: _____
(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):

In accordance with the rules and regulations of the KCC

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 25 2009

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

If ACO-1 not filed, explain why:

CONSERVATION DIVISION
WICHITA, KS

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: Steve Bodine, Production Superintendent

Address: PO Box 1285 City: Great Bend State: KS Zip: 67530 + 1285

Phone: (620) 792-6702

Plugging Contractor License #: Mike's Testing & Salvage, Inc. Name: Mike Kelso

Address 1: PO Box 467 Address 2: _____

City: Chase State: KS Zip: 67524 + 0467

Phone: (620) 938-2943

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: 11-24-09 Authorized Operator / Agent: Steve Bodine (Signature)

DIST 2
PKT