



KANSAS CORPORATION COMMISSION 1034803
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2009

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

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

OPERATOR: License #: 6569
Name: Schmitt, Carmen, Inc.
Address 1: PO BOX 47
Address 2: _____
City: GREAT BEND State: KS Zip: 67530 + 0047
Contact Person: Francis Hitschmann
Phone: (620) 793-5100

API No. ~~15~~- 15-195-00811-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
N2-SW-NW-SW Sec. 25 Twp. 12 S. R. 22 East West
1,750 Feet from North / South Line of Section
4,950 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Trego
Lease Name: CHURCH OF OGALLAH Well #: 2

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: 8.625 Set at: 516 Cemented with: 350 Sacks
Production Casing Size: 8.5 Set at: 4041 Cemented with: 175 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Attached

Elevation: 2349 (G.L. / K.B.) T.D.: 4041 PBTD: _____ 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):

PBTD

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

If ACO-1 not filed, explain why:

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FEB 03 2010

KCC WICHITA

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 8 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): _____

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

Submitted Electronically

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

Form	CP1 - Well Plugging Application
Operator	Schmitt, Carmen, Inc.
Well Name	CHURCH OF OGALLAH 2
Doc ID	1034803

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
3998	4016	Arbuckle (Open Hole)	

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