

**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 #: 31528
Name: Mike Kelso Oil, Inc.
Address 1: P.O. Box 467
Address 2: _____
City: Chase State: KS Zip: 67524 + 0467
Contact Person: Mike Kelso
Phone: (620) 562-8088

API No. 15 - 009146740000
If pre 1967, supply original completion date: _____
Spot Description: C-S/2 N/2 SW
SWSESW Sec. 24 Twp. 20 S. R. 11 East West
1,980 1,650 Feet from North South Line of Section
1,980 3,960 Feet from East West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Sesseler C 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: 10-3/4" Set at: 167' Cemented with: _____ Sacks
Production Casing Size: 6" Set at: 3247' Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

4-1/2" Liner @3233' w/290 Sacks Squeezed @1400' w/600 Sacks

Elevation: 1742 (G.L. / K.B.) T.D.: 3259 PBTD: 3252 Anhydrite Depth: _____

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):

According to the rules and regulations of the State of Kansas.

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: Mike Kelso
Address: P.O. Box 467 City: Chase State: KS Zip: 67524 + 0467
Phone: (620) 562-8088
Plugging Contractor License #: 31529 Name: Mike's Testing & Salvage, Inc.
Address 1: P.O. Box 467 Address 2: _____
City: Chase State: KS Zip: 67524 + 0467
Phone: (620) 938-2943

Proposed Date of Plugging (if known): ASAP

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

Date: 3-2-10 Authorized Operator / Agent: Mike Kelso (Signature)

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

WELL ALR PLUGGED 3/03/10

KCC
NO CTR

RECEIVED
MAR 03 2010
KCC