

# COPY

*\* CORRECTION*

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL PLUGGING APPLICATION *Please TYPE Form and File ONE Copy*

REC'D IN LEG. 1ST  
OK TO ACCEPT FAX'D  
CE P/ SB.  
Form CP-1  
March 2000  
This Form must be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License #: 5631  
Name: LOWEN OPERATOR, INC.  
Address 1: P.O. BOX 335  
Address 2: \_\_\_\_\_  
City: CANTON State: KS Zip: 67428 +  
Contact Person: D. D. LOEWEN, PRES.  
Phone: (620) 628-4425

API No. 15 - 113-01229-0000  
If pre 1967, supply original completion date: 4-4-1938  
Spot Description: \_\_\_\_\_  
C NW SW Sec. 25 Twp. 19 S. R. 2  East  West  
1880 Feet from  North  South Line of Section  
660 Feet from  East  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: MCPHERSON  
Lease Name: UNRUH Well #: B-1

*ku  
m  
3/12/10*

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
Conductor Casing Size: 4 1/2" Set at: 2850' Cemented with: circulated Sacks \_\_\_\_\_  
Surface Casing Size: 8" Set at: 2912' Cemented with: circulated Sacks \_\_\_\_\_  
Production Casing Size: 5 1/2" Set at: 2912' Cemented with: 150 Sacks \_\_\_\_\_

List (ALL) Perforations and Bridge Plug Sets:

Record shows: (1) 8" casing base depth 2312', (2) 6" casing base depth 2616', (3) 5" casing base depth 2912', (4) 4 1/2" liner cemented bottom to top; open hole from 2912' to 2958'.

Elevation: 1538 ( G.L. /  K.B.) T.D.: 2958' PBTD: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_  
(Stone Canal 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):

As per State requirements.

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

If ACO-1 not filed, explain why:

Not available.

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: D. Loewen or Mike Koehn or Carmon Decker

Address: 208 S. Main, P.O. Box 335 City: Canton State: KS Zip: 67428

Phone: (620) 628-4425

Plugging Contractor License: 30280 Name: \* SUNFLOWER WELL SERVICE, INC.

Address 1: P.O. BOX 341 Address 2: \_\_\_\_\_

City: CANTON State: KS Zip: 67428

Phone: (620) 654-8342

Proposed Date of Plugging (if known): March 2, 2010

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

Date: 2-25-2010 Authorized Operator / Agent: *D. Loewen, Pres.*  
(Signature)

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

RECEIVED  
MAR 01 2010  
KCC WICHITA

*CURRENT  
CP-1 EXPIRES  
5/30/10  
WELL  
PLUGGED  
3/04/10  
\* NO CP-1  
PACU  
ku*