

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 #: 33813  
Name: JASON OIL CO  
Address 1: P.O. BOX 701  
Address 2: \_\_\_\_\_  
City: RUSSELL State: KS Zip: 67665 + 0701  
Contact Person: JAMES SCHOENBERGER  
Phone: (785) 483 4204

API No. 15 - 167-21123-00-00  
If pre 1967, supply original completion date: DEC. 12 1977  
Spot Description: \_\_\_\_\_  
W/2. SW. SE NW Sec. 29 Twp. 14 S. R. 12  East  West  
2,970 Feet from  North /  South Line of Section  
3,960 3805 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: RUSSELL  
Lease Name: EHRlich 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: 230 Cemented with: N/A Sacks  
Production Casing Size: 4 1/2 Set at: 3050 Cemented with: N/A Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1666 ( G.L. /  K.B.) T.D.: \_\_\_\_\_ P.B.T.D.: 2850 Anhydrite Depth: 580  
(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):

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

If ACO-1 not filed, explain why:

N/A

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: JAMES SCHOENBERGER

Address: P.O. BOX 701 City: RUSSELL State: RS Zip: 67665 + 0701

Phone: (785) 483-8027

Plugging Contractor License #: \_\_\_\_\_ Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Proposed Date of Plugging (if known): WELL APPROVED AND PLUGGED 5-7 2010

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

Date: 5-7-2010 Authorized Operator / Agent: \_\_\_\_\_

*David Lunk*  
(Signature)

RECEIVED  
KANSAS CORPORATION COMMISSION

MAY 10 2010

CONSERVATION DIVISION  
WICHITA, KS

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

Dist. 4

No ltr. - Well Abr. Plugged

*KCC*