KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

March 2010 This Form must be Typed Form must be Signed All blanks must be Filled

Form CP-1

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

OPERATOR: License #: 6246		API No. 15 - 167-03004 0000	FZ
Name: Bennett & Schulte Oil Company	,	If pre 1967, supply original completion date: 8/20/1963	,
Address 1: P.O. Box 329		Spot Description: NE/4	
Address 2:		E/2_NE_SW_NE Sec. 25 Twp. 14 S. R. 15 E	East ▼ West
City: Russell State: KS	_{Zip} . 67665 ₊	3,630 Feet from North / V South Lin	ne of Section
Contact Person: Frank Schulte		1,485 Feet from Fast / West Lin	ne of Section
Phone: (785) 483-2721		Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Russell	
		Lease Name: Ehrlich C 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 5/8"	Set at: 638'	Cemented with: 350	Sacks
Production Casing Size: 5 1/2"		Cemented with: 100	Sacks
List (ALL) Perforations and Bridge Plug Sets:		•	
Arbuckle Open Hole			
Elevation: 1782 (G.L. / K.B.) T.D.: 3190	PBTD: Anh		· · · · · · · · · · · · · · · · · · ·
Condition of Well: Good Poor Junk in Hole	Casing Leak at:	(Stone Corral Formation)	
Proposed Method of Plugging (attach a separate page if addition	(Inte	rval)	
According to KCC directions.	illai space is riceded) .	÷	
7 toooramig to 1100 amounding.			
Is Well Log attached to this application?	Is ACO-1 filed? Ves	No	
If ACO-1 not filed, explain why:	•		
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging o	·		
Address: 140 W. Wichita Ave.		Russell State: KS Zip: 67665 +	
Phone: (785) 483-2721	Cny:	State: Zip: +	·
Plugging Contractor License #: 6246	Na-man.	Bennett & Schulte Oil Company	
Address 1: P.O. Box 329	Name:		
City: Russell	Audress	State: KS Zip: 67665	
Phone: (785_) 483-2721		State Zip	
Proposed Date of Plugging (if known): [April 26, 2011			
Proposed Date of Plugging (II known): 17 (51.11 20, 2011)			
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gua	aranteed by Operator or Agent?	(1)	
Date: 4/25/2011 Authorized Operator / Agen		XU , /	
Date: 4/20/2011 Authorized Operator / Agen	is full formation 120 S. Market	(Signature) (Signature)	RECEI

Dist. 4.

No. St. - Als Phygel

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KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

OPERATOR: License #6246	Well Location:	
OPERATOR: License # Bennett & Schulte Oil Company	E/2 NE_SW_NE Sec.25 Twp. 14 S. R. 15 East West	
Address 1: P.O. Box 329	County: Russell	
Address 2:	Lease Name: Ehrlich C Well #: 2	
City: Russell State: KS Zip: 67665 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description o	
Contact Person: Frank Schulte	the lease below:	
Phone: (785) 483-2721 Fax: (785) 483-6114		
Email Address:	·	
Surface Owner Information:		
Name: Dorothy Sekavec	When filing a Form T-1 involving multiple surface owners, attach an additional	
Address 1: 25231 150 Road	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the	
Address 2:	county, and in the real estate property tax records of the county treasurer.	
City: Brownell State: KS Zip: 67521 +	radiana ya Marinaga wa ili ili wa waka	
 the KCC with a plat showing the predicted locations of lease roads, tall are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be 	odic Protection Borehole Intent), you must supply the surface owners and hk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this	
form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of	and email address. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this	
form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handlin If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CB	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ig fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.	
form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handlin If choosing the second option, submit payment of the \$30.00 handlin	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ig fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.	

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