

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

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

OPERATOR: License #: 32875
Name: Bowles, W. Dan
CWB Co
Address 1: 40837 Bear Creek Rd
Address 2: _____
City: Springville State: KS Zip: 93265 + _____
Contact Person: Walt Bowles
Phone: (559) 359-6332

API No. 15 - 051-00560-0001
If pre 1967, supply original completion date: _____
Spot Description: _____
NW SE NW Sec. 34 Twp. 12 S. R. 17 East West
1,650 Feet from North / South Line of Section
1,650 3630 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Schmidt 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: 211' Cemented with: 125 Sacks
Production Casing Size: 5 1/2" Set at: 3621' Cemented with: 125 Sacks

List (ALL) Perforations and Bridge Plug Sets:
OH Arb , 3580-88

Elevation: 2065 (G.L. / K.B.) T.D.: 3625 PBD: _____ Anhydrite Depth: 1271
(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):
Per KCC

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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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: Richard McIntyre
Address: 190 US Hwy 56 City: Ellinwood State: KS Zip: 67526 + _____
Phone: (620) 727-3409
Plugging Contractor License #: 31925 Name: Quality Well Service
Address 1: 190 US Hwy 56 Address 2: _____
City: Ellinwood State: KS Zip: 67526 + _____
Phone: (620) 727-3409
Proposed Date of Plugging (if known): 1-30-12

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 1-24-12 Authorized Operator / Agent: _____ (Signature)

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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 32875
Name: A CWB Co
Address 1: 40837 Bear Creek Rd
Address 2: _____
City: Springville State: KS Zip: 93265 + _____
Contact Person: Walt Bowles
Phone: (559) 359-6332 Fax: (_____) _____
Email Address: _____

Well Location:
____ NW SE NW Sec. 34 Twp. 12 S. R. 17 East West
County: Ellis
Lease Name: Schmidt Well #: 2

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Walt

Surface Owner Information:

Name: Alice Schmidt
Address 1: 1642 Elm St
Address 2: _____
City: Russell State: KS Zip: 67665 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the 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, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 1-14-12 Signature of Operator or Agent: _____ Title: Superior

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1155
SIDE ONE

State Geological Survey
WICHITA BRANCH

34-12-17W
DOCKET NO. NP

(Rules 82-3-130 and 82-3-107)
This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

- F Letter requesting confidentiality attached.
- C Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.)***Check here if NO logs were run ~~XXXX~~.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 6037 EXPIRATION DATE June 84
 OPERATOR Staab Oil Co. API NO. 01110
 ADDRESS HC 39 Box 114 COUNTY Ellis
Hays Kansas 67601 FIELD Schmeidler East
 ** CONTACT PERSON Francis C. Staab PROD. FORMATION Cong
 PHONE 913-625-5013 Indicate if new pay.
 PURCHASER Kock Oil Co LEASE Schmidt
 ADDRESS Wichita Ks WELL NO. 2
 WELL LOCATION NW SE NW
 DRILLING CONTRACTOR Helberg Oil Co 1650 Ft. from N Line and
 ADDRESS Marland Ks 1650 Ft. from W Line of
 the (Qtr.) SEC 34 TWP 12 RGE 17 (E) (W)

PLUGGING CONTRACTOR ADDRESS

WELL PLAT (Office Use Only)

	●		

KCC _____
 KGS
 SWD/REP _____
 PLG. _____
 NGPA _____

TOTAL DEPTH 3622 PBD
 SPUD DATE 8-28-83 DATE COMPLETED 9-4-83
 ELEV: GR 2060 DF _____ KB 2065
 DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.
 DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE _____

Amount of surface pipe set and cemented 211 DV Tool Used? yes.

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Shut-in Gas, Gas, Dry, Disposal, Injection, Temporarily Abandoned. IF OIL/WO

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	STATE CORPORATION COMMISSION	Depth interval treated
<u>500 MCA 15%</u>	<u>SEP 22 1983</u>	<u>3580-88</u>
<u>2000 INS 15%</u>	CONSERVATION DIVISION Wichita, Kansas	<u>JAN 26 2012</u>
Date of first production <u>9-12-83</u>	Producing method (Flowing, pumping, gas lift, etc.) <u>Pumping</u>	KCC WICHITA <u>32</u>
Estimated Production-L.P. Oil <u>5</u> bbls. Gas <u>None</u> bbls. Gas-oil ratio _____	Disposition of gas (vented, used on lease or sold) <u>N</u>	Perforations <u>3580-88</u>

Side TWO
OPERATOR

Staab Oil Co

LEASE NAME Schmidt SEC 34 TWP 12 RGE 17 WNW

WELL NO 2

FILL IN WELL INFORMATION AS REQUIRED:

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

Show Geological markers, logs run, or other Descriptive information.

Formation description, contents, etc.	Top	Bottom	Name	Depth
<p>Check if no Drill Stem Tests Run. <input type="checkbox"/></p> <p>Check if samples sent Geological Survey. <input type="checkbox"/></p>				
<p>This is Old Well Workover Top as former</p>				
Heeb	3279	-1214		
Toronto	3300	-1235		
Lans	3327	-1262		
Cong	3578	-1513		
Simp	3590	-1525		
Arb	3607	-1542		

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If additional space is needed use Page 2

Report of all strings set — surface, intermediate, production, etc.

CASING RECORD (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Secks	Type and percent additives
surface	12	8 5/8	22	211	Common	125	
Production							
Pipe	7 7/8	5 1/2	14	3621	50-50 Pro Mix		
					1st stage	125 sx	2nd stage

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Secks cement	Shots per ft.	Size & type	Depth interval
			4 per ft	1/2 55B	3580-88

TUBING RECORD

Size	Setting depth	Packer set at
1	2111	



Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Corporation Commission

Sam Brownback, Governor

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

BOWLES, C. W. DBA CWB - CO.
PO BOX 186
HAYS, KS 67601

January 30, 2012

Re: SCHMIDT #2
API 15-051-00560-00-01
34-12S-17W, 1650 FNL 3630 FEL
ELLIS COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after July 28, 2012. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,

Steve Bond
Production Department Supervisor

District: #4
2301 E. 13th
Hays, KS 67601
(785) 625-0550