## RECEIVED AUG 2 5 2005 KCC WICHITA

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## **WELL PLUGGING APPLICATION**

Please TYPE Form and File ONE Copy

Form CP-1 September 2003 This Form must be Typed Form must be Signed All blanks must be Filled

API # 15 - NHA 15-169-19016-0000	(Identifier Number of this we	II). This must	be listed for wells drilled	since 1967; if no API#	was issued,
indicate original spud or completion date 3/10/19	961				6/1
Well Operator: D. S. & W. Oil Operations (Owner/Company Name)		KCC License #: 6901			Y0 <u>Y</u>
Address: P.O. Box 231		City:	Claflin	(Operator's)	
State: Kansas	Zip Code: 67525			87 - 3361	
Lease: Ellis	<sub>Well #:</sub> SWD 2	Sec	. 30 <sub>Twp.</sub> 16	. S. R. 1 Ea	ast 🗸 West
<u>NE</u> . <u>SE</u> . <u>NE</u>	Spot Location / QQQQ Co	<sub>unty:</sub> Saline	e		
•	D&A Cathodic ENHR Docket # Set at: 153'	Water Sup	poly Well  Cemented with: Circ.  Cemented with: N/A	ction <i>(Not Lease Line)</i> er:	Sacks
Condition of Well: Good Poor  Proposed Method of Plugging (attach a separate pag with cement. Circulate to surface. Put 5	e if additional space is needed): Pe			300 +/- feet. Displ	ace hole
			· · · · · · · · · · · · · · · · · · ·		
is Well Log attached to this application as required	Yes 🗸 No Is ACO-1 fi	led? Ye	s 🚺 No		
If not explain why? Not available from prev	ous operator.				
Plugging of this Well will be done in accordance List Name of Company Representative authorized  Address: P.O. Box 231		ions: Edwa		3361	ssion.
Plugging Contractor: D. S. & W. Well Service	na Inc			3 01 020	——(p/.
Address: P.O. Box 231, Claffin, Kansas	Company Name)		icense #: 6901	(Contractor's)	
e e e e e e e e e e e e e e e e e e e		Phone	. (620) 587 -	0001	
Proposed Date and Hour of Plugging (if known?):					<del></del>
Payment of the Plugging Fee (K.A.R. 82-3-118) v	/	Agent			
Date: 8/25/05 Authorized Operator	/ Agent: Alund D	-cmnu	(Signature)		