

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 # 15-057-30060-80-00 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date 06/29/66

Well Operator: John Indiek (Owner / Company Name) KCC License #: 7864 (Operator's) 11/05

Address: R1 Box 62 City: Offerle

State: Kansas Zip Code: 67543 Contact Phone: (620) 659-3470

Lease: Butler Well #: 1A Sec. 33 Twp. 25 S. R. 21 East West

SW - SW - NE Spot Location / QQQQ County: Ford

3318 1980 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

1961 1980 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: Oil Well Gas Well D&A Cathodic Water Supply Well
 SWD Docket # _____ ENHR Docket # _____ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 8 5/8" Set at: 250 Cemented with: AA 200 Sacks

Production Casing Size: 4 1/2" Set at: 4778 Cemented with: AA 150 Sacks

List (ALL) Perforations and Bridgeplug Sets: 4205 - 4207

Elevation: (G.L. / K.B.) T.D.: 4785 PBTD: _____ Anhydrite Depth: 1420 (Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): According to state regulations set CIBP @ 4150' + 25x. Pert @ 600' circulate cement w/300sx cement

If pulling pipe 1000' w/155x gel - 50sx; 600' w/50sx cement 280 w/50sx

Is Well Log attached to this application as required? Yes No Is ACO-1 filed? Yes No 40 w/105x

If not explain why? Drilled 02/15/66. 60/40 poz mix 6% gel

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.

List Name of Company Representative authorized to be in charge of plugging operations: John Indiek

Phone: (620) 659-3470

Address: _____ City / State: _____

Plugging Contractor: John Told Inc (Company Name) KCC License #: _____ (Contractor's)

Address: _____ Phone: () _____

Proposed Date and Hour of Plugging (if known?): as soon as weather permits

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

Date: 8-12-05 Authorized Operator / Agent: John Indiek (Signature) RECEIVED
AUG 15 2005
KCC WICHITA