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 - 05/-05806-00-00 (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 3/9/37	r zaznaj rupum na kompolija kilokumi kilokumi kilokumi kala jaja jaket kala kilokumi kilokumi kilokumi kilokumi		
Well Operator: HERMAN L LOEB		KCC License #: 3273	
Address: BOX 524	ner / Company Name)	City: LAWRENCEVILLE	(Operator's)
		Contact Phone: (618) 943 -	2227
		Sec. 22 Twp. 11 S. R.	
- NE - NW - SW -			
0040		outside section corner) Line of Section (No	nt I ease I ine)
4290 Feet (in exact footage) From			
Check One: V Oil Well Gas Well		ater Supply Well	
	ENHR Docket #		
Conductor Casing Size:	Set at:	Cemented with:	Sacks
Surface Casing Size: 10 3/4	Set at: 1128	Cemented with: U/N	Sacks
Production Casing Size: 5 1/2	Set at: 3417	Cemented with: U/N	Sacks
List (ALL) Perforations and Bridgeplug Sets: 3417	7-22 OH ARB		
Elevation: 1921 (G.L. / K.B.) T.D.: 342	2 PBTD: Anhy	drite Depth: 1126	
Condition of Well: Good Poor	Casing Leak Junk	(Stone Corral	Formation)
Proposed Method of Plugging (attach a separate page	o if additional space is needed): AS KC	CC REQUIRES	
		RE-	>
		SEP	ElVER
Is Well Log attached to this application as required?	Yes No Is ACO-1 filed?	Yes No TCC	14 2004 14 724
If not explain why? NOT AVAILABLE	locked *** Locked *** ****	UVIC	His
			"/4
Plugging of this Well will be done in accordance	with K.S.A. 55-101 et. seg. and the R		
List Name of Company Representative authorized to	•		
	o to an energe of plagging operationer	Phone: (620) 727 - 3410	
Address: 401 W MAIN		City / State: LYONS KS 67554	
Plugging Contractor: QUALITY WELL SERVICE		KCC License #: 31925	
Address: 401 W MAIN LYONS KS 67554	ompany Name)	Phone: (620) 727 - 3410	ntractor's)
Proposed Date and Hour of Plugging (if known?):	ASAP 9-12-04	Plugged	
Payment of the Plugging Fee (K.A.R. 82-3-118) wi		<i>U y</i>	
9/7/04	0.711		
Date: Authorized Operator	/ Agent.	(Signature)	