STATE OF KANSAS KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 130 South Market - Room 2078

Wichita, Kansas 67202

FORM CP-1 (3/92)

WELL PLUGGING APPLICATION FORM (PLEASE TYPE FORM AND File ONE Copy)

API# 119-21004-00-00 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was Issued, indicate spud or completion date. RECEIVED		
WELL OPERATOR EOG RESOURCE	UL 0 3 2003	KCC LICENSE # <u>5278</u>
ADDRESS 20 N. BROADWAY, STE. 8		CITY OKLAHOMA CITY
STATE OKLAHOMA		CONTACT PHONE # (405) 239-7800
LEASE <u>CLASSEN</u>	WELL# <u>14 #1</u> SEC. <u>14</u>	T. <u>34S</u> R. <u>27</u> (East West)
<u>S/2</u> - <u>SE</u> SPOT LOCATION	ON/0000	COUNTY MEADE
660 FEET (in exact footage) FRO 1320 FEET (in exact footage) FRO	MCN (circle one) LINE OF SECTION (CIRCLE ONE) LINE OF SECTION (CIRCLE ONE)	ON (NOT Lease Line) ON (NOT Lease Line)
Check one: OIL WELL GAS	S WELL 🛛 D&A 🗌 SWD/ENH	R WELL DOCKET#
CONDUCTOR CASING SIZE	SET AT	CEMENTED WITH SACKS
SURFACE CASING SIZE <u>8 5/8</u>	8" SET AT <u>1425'</u>	CEMENTED WITH 675 SACKS
PRODUCTION CASING SIZE 2.7/8	8" SET AT <u>6250'</u>	CEMENTED WITH 300 SACKS
LIST (ALL) PERFORATIONS AND BRIDGEPLUG SETS: <u>6025' - 6030', 6096' - 6100', 6110' - 6130', CIBP @ 6080'</u>		
ELEVATION <u>2780'/2792'</u> TD <u>6</u> (G.L./K.B.)		ORITE DEPTHorral Formation)
CONDITION OF WELL: GOOD \boxtimes	POOR CASING LEAK	JUNK IN HOLE 🗌
PROPOSED METHOD OF PLUGGING <u>SET CIBP @ 5975' W/10' CMT ON TOP, SET CMT PLUG @ 1325' - 1525', SET CMT PLUG @ 3' - 33', CAP WELL.</u> (If additional space is needed attach separate page)		
IS WELL LOG ATTACHED TO THIS A If not explain why?	APPLICATION AS REQUIRED? <u>YES</u>	IS ACO-1 FILED? <u>YES</u>
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: STAN BLUNDELL ADDRESS 20 N. BROADWAY, STE. 800 73102 PLUGGING CONTRACTOR TO BE DETERMINED OVY Enterprises KCC LICENSE # 33338 (company name) (contractor's) ADDRESS 2. Box 1706 Company name) ADDRESS 2. Box 1706 Company name) (contractor's)		
PROPOSED DATE AND HOUR OF PLUGGING (If Known?) <u>UPON APPROVAL</u> 2-11-04 Plugged PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OF AGENT		
DATE: 07/01/03 AUTHORIZED OPERATOR/AGENT TRISH HAMBRICHT/SP, ENCINEEDING TECH		