

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 # 15-093-20481-00-00 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR Chesapeake Operating, Inc KCC LICENSE # 32334
Russell Freeman dba Continental Energy (owner/company name) Oklahoma City (operator's)

ADDRESS P.O. Box 918 PD Box 18496, 6200 N. Western CITY Garden City, KS 67846

STATE KS-OK ZIP CODE 67846 73154 CONTACT PHONE # 405 848-8000 620 276 8710

LEASE Marianne WELL# 1 SEC. 12 T. 22 R. 37 (East/West)

C - SW SPOT LOCATION/OOOO COUNTY Kearney

1320 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

3960 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A SWD/ENHR WELL DOCKET# _____

CONDUCTOR CASING SIZE none SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8 5/8" SET AT 378 CEMENTED WITH 335 SACKS

PRODUCTION CASING SIZE 5 1/2" SET AT 3150 CEMENTED WITH 650 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 2864'-2941'

ELEVATION 3222 T.D. 3150 PSTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING as instructed by KCC

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? no IS ACO-1 FILED? yes

If not explain why? no log on file

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:

Jeff Kidd/Production Supervisor PHONE# 620 276-8710

ADDRESS P.O. Box 918 City/State Garden City, KS

PLUGGING CONTRACTOR Allied Cement Company KCC LICENSE # 99996
pending to be decided (company name) (contractor's)

ADDRESS 612 N. Clay Ave, Medicine Lodge, KS PHONE # ()

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 67104 7-23-03 Plugged

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 3/10/03 AUTHORIZED OPERATOR/AGENT: [Signature]

(signature)

RECEIVED

MAR 11 2003

KCC WICHITA