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 - / 85 - 30 471 - 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 12/8/52 Well Operator: ENERGY THREE KCC License #: 5430 (Owner / Company Name) _ City:_GORHAM Address: BOX 255 State:_KS ____ Zip Code: 67640 Contact Phone: (785) 637 - 5321 Lease: ROSE - NESE Spot Location / QQQQ County: STAFFORD -3630 1047 Feet (in exact footage) From North / V South (from nearest outside section corner) Line of Section (Not Lease Line) 2310 2422 Feet (In exact footage) From 🔽 East / 🗌 West (from nearest outside section corner) Line of Section (Not Lease Line) Check One: V Oil Well 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: 281 _____ Cemented with: 175 Production Casing Size: 5 1/2 _ Set at: 3582 Cemented with: 100 Sacks List (ALL) Perforations and Bridgeplug Sets: 3466-70 3414-20 3386-90 3330-34 ARBUCKLE (VGL/ KB) TD. 3582 Elevation: 1844 Anhydrite Depth:_ (Stone Corral Formation) ✓ Good Condition of Well: Poor Casing Leak Junk in Hole Proposed Method of Plugging (attach a separate page if additional space is needed): AS KCC REQUIRES RECEIVED Is Well Log attached to this application as required? Yes No Is ACO-1 filed? Yes No If not explain why? NOT AVAILABLE TO US 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: TIM SCHECK Phone: (785) 637 - 5321 Address: BOX 255 City / State: GORHAM KS 67640 Plugging Contractor: QUALITY WELL SERVICE (Company Name) (Contractor's) Address: 401 W MAIN LYONS KS 67554 Phone: (620) 727 - 3410

_____ Authorized Operator / Agent: ______ Authorized Operator / Agent: _____

Proposed Date and Hour of Plugging (if known?); ASAP 4-15-05

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

Date: 4/1/05