

RECEIVED
AUG 12 2005
KCC WICHITA

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market, Room 2078
Wichita, Kansas 67202-3802

FORM CP-1
Rev.03/92

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

API # 15-007-22907-00-00 (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 R&B Oil & Gas KCC LICENSE # 31191
(owner/company name) (operator's)

ADDRESS PO Box 195 CITY Attica

STATE Kansas ZIP CODE 67009-0195 CONTACT PHONE # (620) 254-7251

LEASE Chain Ranch Unit #31-32 WELL # 1 SEC. 31 T. 30 R. 11 ~~East~~ (West)

E/2 - SE - SE - SPOT LOCATION/OOOO COUNTY Barber County, Kansas

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

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

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

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8-5/8" SET AT 232' CEMENTED WITH 215 SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 1767/1775' T.D. 3880' PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING As KCC requires

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

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:

Randy Newberry PHONE# (620) 254 7251

ADDRESS 904 N Logan City/State Attica, KS 67009

PLUGGING CONTRACTOR Duke Drilling Co. Inc. KCC LICENSE # 5929
(company name) (contractor's)

ADDRESS PO Box 823 Great Bend, KS 67530 PHONE# () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 10:00 AM 06-28-05 Plugged

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

DATE: _____ AUTHORIZED OPERATOR/AGENT: Randy Newberry
(signature)

4/04

6/06