

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 # 15-007-22924-0000 (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 _____

Well Operator: Rupe Oil Co. Inc (Owner/Company Name) KCC License #: 5047 (Operator's) 6/06

Address: P.O. Box 783010 City: Wichita

State: Ks Zip Code: 67278 Contact Phone: (316) 689-3520

Lease: Todd Well #: 1-23 Sec: 23 Twp: 30 S. R: 12 East West

C SW NW Spot Location / OOOO County: Barber

1980 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

660 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: Oil Well Gas Well O&A Cathodic Water Supply Well
 SWD Docket # _____ ENMR Docket # _____ Other _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 8 5/8 Set at: 302 Cemented with: 225 Sacks

Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridgeling Sets: _____

Elevation: 1707 (G.L. / K.B.) TD: 4565 PBTD: _____ Anhydrite Depth: _____

Condition of Well: Good Poor Casing Leak Junk in Hole (Stone Corral Formation)

Proposed Method of Plugging (attach a separate page if additional space is needed): Drlg Mud to 630' + 50 SX Cement.
Drlg Mud to 330' + 50 SX Cement. Drlg Mud to 60' + 20 SX Cement. 15 SX R.H.
10 SX M. Hole 60-40 Poz 6% Gel Allied Cementing

Is Well Log attached to this application as required? Yes No Is ACO-1 filed? Yes No

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: _____

Address: _____ Phone: () _____
City / State _____

Plugging Contractor: Val Energy Inc (Company Name) KCC License #: 5822 (Contractor's) 6/06

Address: PO Box 116 Wichita KS. 67201-0116 Phone: () _____

Proposed Date and Hour of Plugging (if known?): 9-7-05 11:15 A.M. Plugged

Payment of the Plugging Fee (K.A.R. 82-9-118) will be guaranteed by Operator or Agent

Date: _____ Authorized Operator / Agent: _____ (Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
NOV 10 2005
KCC WICHITA