

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 - 007-16675-00-00 (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 8/17/59.

Well Operator: PETROLEUM PROPERTY SERVICES INC. KCC License #: 31142
Address: 125 N. MARKET, SUITE 1251 City: WICHITA
(Owner / Company Name) (Operator's)

State: KS Zip Code: 67202 Contact Phone: (316) 265 - 3351

Lease: WHEAT B Well #: 1 Sec. 4 Twp. 34 S. R. 14 East West

C - NW - NE - Spot Location / QQQQ County: BARBER

660 4668 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

1980 2129 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

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

Conductor Casing Size: NONE Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 8-5/8 Set at: 352 Cemented with: 365 Sacks

Production Casing Size: 4-1/2 Set at: 4739 Cemented with: 280 Sacks

List (ALL) Perforations and Bridgeplug Sets: 4620-4630;4632-44;4680-96'

Elevation: 1588 (G.L. / K.B.) T.D.: 4740 PBDT: 4704 Anhydrite Depth: 640'
(Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): PER STEVE DURRANTS INSTRUCTIONS

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: CHUCK TONER

Phone: (620) 546 - 4752

Address: P O BOX 551 City / State: RUSSELL, KS 67665

Plugging Contractor: CLARKE CORPORATION KCC License #: 5105
(Company Name) (Contractor's)

Address: P O BOX 187, MEDICINE LODGE KS 67104-0187 Phone: (620) 886 - 5665

Proposed Date and Hour of Plugging (if known?): 2/5/08

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

Date: 2/5/08 Authorized Operator / Agent: _____
(Signature)

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

* Well plugged - KCC-Dlg

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 06 2008
CONSERVATION DIVISION
WICHITA, KS

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