

**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 - 095-22071-0000 (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 Spud 12-30-06.

Well Operator: Phillips Exploration Company LC KCC License #: 31160
(Owner / Company Name) (Operator's)

Address: 4109 North Ironwood City: Wichita

State: Kansas Zip Code: 67226 Contact Phone: (316) 636-2256

Lease: Dyke-Bick Well #: 1-14 Sec. 14 Twp. 27 S. R. 10 East West

NE - SW - SE Spot Location / QQQQ County: Kingman County, Kansas

1090 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

1880 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: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 8-5/8" Set at: 284' Cemented with: 305 Sacks

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

List (ALL) Perforations and Bridgeplug Sets: _____

Elevation: 1717 (G.L. / K.B.) T.D.: 4410' PBTD: _____ Anhydrite Depth: _____
(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): _____

RECEIVED

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

FEB 11 2008

If not explain why? _____

KCC WICHITA

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: _____

Phone: () - _____

Address: _____ City / State: _____

Plugging Contractor: Duke Drilling KCC License #: 5929
(Company Name) (Contractor's)

Address: _____ Phone: () - _____

Proposed Date and Hour of Plugging (if known?): 7:00 AM 01-09-07

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

Date: 11/1/07 Authorized Operator / Agent: [Signature]
(Signature)

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

* Well plugged - KCC-Dlg

Dist
02