

RECEIVED
DEC 13 2004
KCC WICHITA

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 # 15-175-20394 -00-01 (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 02/28/79

Well Operator: Chesapeake Operating, Inc. KCC License #: 32334
(Owner / Company Name) (Operator's)

Address: P. O. Box 18496 City: Oklahoma City, OK 73154-0496

State: OK Zip Code: 73154-0496 Contact Phone: (405) 848-8000

Lease: Lemert, Mildred Well #: #1-34 SWD Sec. 34 Twp. 32S S. R. 33 East West

SE NW E/2 Spot Location / QQQQ County: Seward

1480 1618 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

505 1917 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 # D19-670 ENHR Docket # _____ Other: _____

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

Surface Casing Size: 8-5/8 Set at: 600' Cemented with: _____ Sacks

Production Casing Size: 5-1/2 Set at: 3069' Cemented with: _____ Sacks

List (ALL) Perforations and Bridgeplug Sets: 2526-3032'

Elevation: 2712 (G.L. / K.B.) T.D.: 3080 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): Release pkr, POOH w/tbg & pkr, LD same, MI cementers, dig out bradenhead, mix & pump 400# cotton seed hulls, pump 110 sx cmt, wait 30 minutes, top off if necessary, tie onto 5-1/1"x8-5/8" annulus, if able to pump into annulus, pump 50 sx cmt, RDMO, weld on cap, clean up location

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: _____

Bud Neff Phone: (620) 277-0803

Address: 4532 W. Jones Avenue City / State: Garden City, KS 67846

Plugging Contractor: Allied Cementing Co., Inc. KCC License #: _____
(Company Name) (Contractor's)

Address: P. O. Box 31, Russell, KS 67665 Phone: ()

Proposed Date and Hour of Plugging (if known?): _____

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

Date: 12/07/04 Authorized Operator / Agent: [Signature]
Jim Reisch (Signature)