

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION**
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
**This Form must be Typed
Form must be Signed
All blanks must be Filled**

OPERATOR: License #: 33513
Name: Five Star Energy, Inc.
Address 1: 215 East 14th
Address 2: _____
City: Harper State: KS Zip: 67048 + _____
Contact Person: Howard Short
Phone: (620) 896-2710

API No. 15 - 033-21553-00-00
If pre 1967, supply original completion date: _____
Spot Description: 13' South and 130' East of
C - W/2 NW Sec. 33 Twp. 34 S. R. 20 East West
1,333 Feet from North / South Line of Section
790 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Comanche County, Kansas
Lease Name: WOOLFOLK Well #: 1-33

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: 20" Set at: 85' Cemented with: _____ Sacks
Surface Casing Size: 8-5/8" Set at: 653' Cemented with: 475 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1732/1745' (G.L. / K.B.) T.D.: 5600' PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)
Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)
Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, explain why:

**RECEIVED
KANSAS CORPORATION COMMISSION
APR 08 2009
CONSERVATION DIVISION
WICHITA, KS**

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
Company Representative authorized to supervise plugging operations: Duke Drilling Co. Inc.
Address: P.O. Box 823 City: Great Bend State: Ks Zip: 67530 + _____
Phone: (620) 793-8366
Plugging Contractor License #: 5929 Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (____) _____
Proposed Date of Plugging (if known): 03-26-09 7:00 AM

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 4/6/09 Authorized Operator / Agent: Howard Short
(Signature)

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

**Well plugged - KCC-PKt*

Dust / PKT