

RECEIVED
KANSAS CORPORATION COMMISSION

APR 15 2009

CONSERVATION DIVISION
WICHITA, KS

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 # 3842
Name: LARSON ENGINEERING, INC.
Address 1: 562 WEST STATE ROAD 4
Address 2: _____
City: OLMITZ State: KS Zip: 67564 + 8561
Contact Person: TOM LARSON
Phone: (620) 653-7368

API No. 15 - 195-01017- 00-01
If pre 1967, supply original completion date: _____
Spot Description: SE SE NE
Sec. 36 Twp. 11 S. R. 21 East West
2310 Feet from North / South Line of Section
440 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: TREGO
Lease Name: HUCK 'A' Well #: 1 OWWO

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

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8-5/8" Set at: 209' Cemented with: _____ Sacks
Production Casing Size: 5-1/2" Set at: 3924' Cemented with: 175 Sacks

List (ALL) Perforations and Bridge Plug Sets: ARB 3880-83, 3871-76' CIBP @ 3845' CAPPED W/ 1 SK CALSEAL L-KC "K" 3749-51' L-KC "J" 3733-35'
L-KC "G" 3650-52' L-KC "F" 3638-41' L-KC "D" 3610-15' PLATTS 3503-08, 3489-91'

Elevation: 2262' G.L. / K.B.) T.D.: 3930' PBDT: 3840' Anhydrite Depth: 1682'
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____

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

AS DIRECTED BY KCC. DV TOOL @ 1718' - CMT TO SURFACE W/ 350 SX HLC W/ 1/4#/SK FLOCELE.

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

If ACO-1 not filed, 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

Company Representative authorized to supervise plugging operations: THOMAS LARSON

Address: 562 WEST STATE ROAD 4 City: OLMITZ State: KS Zip: 67564 + 8561

Phone: (620) 653-7368

Plugging Contractor License #: _____ Name: ALLIED CEMENTING COMPANY

Address 1: P.O. BOX 31 Address 2: _____

City: RUSSELL State: KS Zip: 67665 + 31

Phone: 785-483-2627

Proposed Date of Plugging (if known): UPON APPROVAL 4-17-2009 830 AM

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

Date: 4/13/2009 Authorized Operator / Agent: Thomas Larson (Signature) Dist 4 PKT

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