

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 #: 3273
Name: Herman Loeb
Address 1: PO Box 524
Address 2: _____
City: Lawrenceville State: ILL Zip: 62439 + 0524
Contact Person: Ed Loeb
Phone: (618) 943-2227

API No. 15 - 199-20,073-00-00
If pre 1967, supply original completion date: 07/17/1986
Spot Description: _____
SW. SW. SW. 4 Sec. 33 Twp. 15 S. R. 42 East West
330 Feet from North / South Line of Section
4,950 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wallace
Lease Name: Smith BS Well #: 2

ACCEPT
PER PBDM

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: 1709 Cemented with: 785 Sacks
Production Casing Size: 5 1/2 Set at: 5248 Cemented with: 240 Sacks

List (ALL) Perforations and Bridge Plug Sets:
5124-37 Bridge Plug 5050

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBDT: 5158 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:

KANSAS CORPORATION COMMISSION

MAY 07 2009

RECEIVED

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: Shane Pelton

Address: PO Box 792 City: Cheyenne Wells State: CO Zip: 80810 + _____

Phone: (719) 340-8987

Plugging Contractor License #: 32997 Name: Eastern Colorado Well Service

Address 1: PO Box 244 Address 2: _____

City: Cheyenne Wells State: CO Zip: 80810 + _____

Phone: (719) 767-5100

Proposed Date of Plugging (if known): 4/24/09 1100AM

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

Date: 04/23/2009 Authorized Operator / Agent: _____
(Signature)

Dist 4
PKT

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