KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

Footages Calculated from Nearest Outside Section Corner: Phone: (618_) 943-2227	OPERATOR: License #: 3273		API No. 15 - 199-20,085-00-00		
SW. SW. NW.4 Sec. 33 Tup. 15 S. R. 42 East TW. Address 2: City: _Lawrenceville	Name: Herman Loeb		If pre 1967, supply original completion date:		
Address 2: City:Lawrencevalile	Address 1: PO Box 524		Spot Description:		
Contact Person: Ed Loeb	Address 2:		SW_SW- NW-4 Sec. 33 Twp. 15 S. R. 42	East V West	
Contact Person:Ed_Loab	City: Lawrenceville State: ILL	zip: <u>62439</u> + 0524			
Phone: (618_) _943-2227 Footages Calculated from Nearest Outside Section Corner: NE NW SE SW	•		4,950 Feet from Feet from East / West Line of Section		
Check One: Oil Well				ner:	
Check One:	Frione. (S10)				
Check One: Oi Well Sas Well OG D&A Cathodic Water Supply Well Other: Save Swifted Casing Size: Set at: Cernented with: Sao Sarchace Casing Size: Set at: Cernented with: SoO Sac Production Casing Size: St/Z Set at: 1761 Cernented with: SoO Sac Sac Sac Sac Sac Set at: 5251 Cernented with: 250 Sac Sac Sac Set at: 5251 Cernented with: 250 Sac Sac Sac Sac Set at: Sao Sac Sac Sac Sac Sac Sac Sac					
SWD Permit #: BNHR Permit #: Gas Storage Permit #: Sac Conductor Casing Size: Set at: Cemented with: Sac Surface Casing Size: Set 35/8 Set at: 1761 Cemented with: 500 Sac Production Casing Size: 51/2 Set at: 5251 Cemented with: 250 Sac List (ALL) Perforations and Bridge Plug Sets: Elevation: 3864 (□CL/ □KB) T.D: 5208 PBTD: Anhydrite Depth: (Stone Carral Formation) Condition of Welt: Good □ Poor □ Junk in Hote □ Casing Leak at: (Inflormed) Proposed Method of Plugging (attach a separate page if additional space is needed): If ACO-1 not filed, explain why: MAY 0.7 2000 Plugging of this Well will be done in accordance with K.S.A. 55-101 gt, 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 + Pugging Contractor License #: 32997 Name: Eastern Colorado Well Service Address 1: PO Box 244 Address 2: State: CO zip: 80810 + Phone: (71-) 767-5100 Proposed Date of Plugging (if known): 04/23/2009 Prop			Lease Name. Strike Strike L		
Conductor Casing Size: Set at: Cemented with: Sac Surface Casing Size: 8.5/8 Set at: 1761 Cemented with: 500 Sac Production Casing Size: 5.1/2 Set at: 5251 Cemented with: 500 Sac List (ALL) Perforations and Bridge Plug Sets: Elevation: 3864 (Check One: 🕡 Oil Well Gas Well OG	D&A Catho	odic Water Supply Well Other:		
Surface Casing Size: 8.5/8 Set at: 1761 Cemented with: 500 Sec Production Casing Size: 5.1/2 Set at: 5251 Cemented with: 250 Sec List (ALL) Perforations and Bridge Plug Sets: Elevation: 3864 (SWD Permit #:	ENHR Permit #:	Gas Storage Permit #:	······	
Production Casing Size:5_1/2 Set at:5251 Cemented with:250 Sac List (ALL) Perforations and Bridge Plug Sets: Elevation:3864 (CL_/ZK.8) _T.D.:5208 PBTD: Anhydrite Depth:	Conductor Casing Size:	Set at:	Cemented with:	Sacks	
Production Casing Size:5_1/2 Set at:5251 Cemented with:250 Sac List (ALL) Perforations and Bridge Plug Sets: Elevation:3864 (CL_/ZK.8) _T.D.:5208 PBTD: Anhydrite Depth:	Surface Casing Size: 8 5/8	Set at:1761	Cemented with: 500	Sacks	
List (ALL) Perforations and Bridge Plug Sets: Elevation: 3864	Production Casing Size: 5 1/2	Set at:5251	Cemented with:250	Sacks	
Condition of Well: Good Poor Junk in Hole Casing Leak at: (Interval) Condition of Well: Good Poor Junk in Hole Casing Leak at: (Interval)					
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Proposed Method of Plugging (attach a separate page if additional space is needed): KANSAS CORPORATION COM		_			
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Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No If ACO-1 not filed, explain why: MAY 0 7 200	Proposed Method of Plugging (attach a separate page if addition	nal space is needed):			
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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	Is Well Log attached to this application? Yes V No	Is ACO-1 filed? 🕢 Ye:		1 018111011 (0111110010	
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Company Representative authorized to supervise plugging operations: Shane Pelton Address: PO Box 792					
Address: PO Box 792 Phone: (719) 340-8987 Plugging Contractor License #: 32997 Address 1: PO Box 244 City: Cheyenne Wells State: CO Zip: 80810 + Address 2: Phone: (71-) Proposed Date of Plugging (if known): Proposed Date of Plugging (if known):					
Phone: (719) 340-8987 Plugging Contractor License #: 32997 Address 1: PO Box 244 Address 2:	, , , , , , , , , , , , , , , , , , , ,			***************************************	
Plugging Contractor License #: 32997 Name: Eastern Colorado Well Service Address 1: PO Box 244 Address 2:		City	r: Cheyenne Wells State: CO Zip: 80810	-+	
Address 1: _PO Box 244			_ , _ ,		
City: Cheyenne Wells State: CO zip: 80810 + Phone: (71) 767-5100 Proposed Date of Plugging (if known): 04/23/2009 pm					
Phone: (71)767-5100 Proposed Date of Plugging (if known):04/23/2009					
Proposed Date of Plugging (if known): 04/23/2009 PM			State: <u>CO</u> Zip: <u>80810</u>	_+	
Payment of the Plugging Fee (K & R. 82-3-118) will be guaranteed by Operator or Agent	Proposed Date of Plugging (if known): 04/23/2009	1 pm			
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A MONOROOD	Payment of the Plugging Fee (K.A.R. 82-3-118) will be guar	•	nt D	ist	
Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent Dist: 04/22/2009 Authorized Operator / Agent: (Signature)	Date: <u>U4/22/2009</u> Authorized Operator / Agent:		(Signature)	PKT	