

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 #: 5920
Name: TE-PE OIL & GAS
Address 1: P.O. BOX 522
Address 2: _____
City: CANTON State: KS Zip: 67428 + _____
Contact Person: TERRY P BANDY
Phone: (620) 628-4428

API No. 15 - 159-22593-00-00
If pre 1967, supply original completion date: _____
Spot Description: SE ^{SW} NW NW
SE ^{SW} NW Sec. 16 Twp. 19 S. R. 9 East West
990 2310 Feet from North / South Line of Section
990 990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: RICE
Lease Name: REESE Well #: 4

KCC
PKT

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: 365 Cemented with: 180 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1696/1704 (G.L. / K.B.) T.D.: 3361 PBDT: _____ Anhydrite Depth: 342-355
(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):

ACCORDING TO THE RULES AND REGULATIONS OF THE KANSAS CORP. COMMISSION

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: TERRY P BANDY

Address: P.O. BOX 522 City: CANTON State: KS Zip: 67428 + _____

Phone: (620) 628-4428

Plugging Contractor License #: 31925 Name: QUALITY WELL SERVICE

Address 1: 190 US HWY 56 Address 2: _____

City: ELLINWOOD State: KS Zip: 67526 + _____

Phone: (620) 938-2388

Proposed Date of Plugging (if known): 2/24/09 5:30 PM

Dis + 2
PKT

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

Date: 5/7/09 Authorized Operator / Agent: _____

Terry P Bandy
(Signature)

KANSAS CORPORATION COMMISSION

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

MAY 08 2009
RECEIVED