

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 Signed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 3273
Name: Herman L. Loeb
Address 1: PO Box 524
Address 2: _____
City: Lawrenceville State: ILL Zip: 62439 + 0524
Contact Person: George Payne
Phone: (812) 853-3813

API No. 15 - 071-20414 - 00 00
If pre 1967, supply original completion date: _____
Spot Description: _____
NE-NW-SE Sec. 1 Twp. 16 S. R. 43 East West
2,310 Feet from North / South Line of Section
1,650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Greely
Lease Name: Edsall F Well #: 14

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: none Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8 Set at: 385 Cemented with: 200 Sacks
Production Casing Size: 4 1/2 Set at: 5260 Cemented with: 175 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Perfs c/o 5138-5166 DV tool c/o 1906' w/ 350 sx

Elevation: 3915 (G.L. / K.B.) T.D.: 5260 PBTD: 5227 Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: unknown
(Interval)

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

Per KSCC instructions

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
JUN 04 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 #: _____ Name: Sanjel, Inc
Address 1: 200505 2nd St. SW Address 2: _____
City: Calgary, Alberta State: _____ Zip: T2P1N8 + _____
Phone: (403) 269-1420
Proposed Date of Plugging (if known): 6/2/2009 9:00 AM

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

Date: _____ Authorized Operator / Agent: _____
(Signature)

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

*PKT
DIST 1*