

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 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 - 071-20367 - 00 00
If pre 1967, supply original completion date: _____
Spot Description: _____
SE-NE SE Sec. 1 Twp. 16 S. R. 43 East West
1,650 Feet from North / South Line of Section
330 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 #: 4

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: 474 Cemented with: 250 Sacks
Production Casing Size: 4 1/2 Set at: 5267 Cemented with: 200 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Perfs c/o 5108-5111 DV tool c/o 2813 w 250 sx TOC unknown

Elevation: 3905 (G.L. / K.B.) T.D.: 5260 P.B.T.D.: 5218 Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: 2300
(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): 6/1/2009 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 ~~sent~~ plugged - KCCPKT

DUST / PKT