



**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 LLC
Address 1: PO Box 838
Address 2: _____
City: Lawrenceville State: ILL Zip: 62438 + 0838
Contact Person: Ed Loeb
Phone: (618) 943-2227

API No. 15 - 199-20,178-00-01
If pre 1967, supply original completion date: _____
Spot Description: NW-NE-NW/4
____ - ____ Sec. 20 Twp. 15 S. R. 42 East West
4,680 Feet from North / South Line of Section
3,730 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wallace
Lease Name: BHY Well #: 1-20

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: 362 Cemented with: 200 Sacks
Production Casing Size: 5 1/2 Set at: 5299 Cemented with: 200 Sacks

List (ALL) Perforations and Bridge Plug Sets:
5112-5126

Elevation: _____ (G.L. / K.B.) T.D.: 5300 P.B.T.D.: 5299 Anhydrite Depth: 2820
(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):

As per KCC

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, explain why:

RECEIVED
AUG 20 2009
KCC WICHITA

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 + 719
Phone: (719) 767-5100
Proposed Date of Plugging (if known): 08/11/2009 9:30 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

~~NEW Well plugged - KCC - PKT~~

*Dist 4
PKT*