

Amended

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 #: 3809  
Name: MEM Partnership, LP  
Address 1: PO. Box 130832  
Address 2: \_\_\_\_\_  
City: Spring State: TX Zip: 77393 + 0832  
Contact Person: Bill Jackson  
Phone: 936 828-6018

API No. 15 - 015-19337-00-00  
If pre 1967, supply original completion date: 1954  
Spot Description: SE-SE NW Sec. 15 Twp. 24 S. R. 4  East  West  
2990 Feet from  North /  South Line of Section  
2984 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Bulter county  
Lease Name: Bernden unit Well #: turn on lease # 3

Check One:  Oil Well  Gas Well  OG  D&A  Cathodic  Water Supply Well  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_

Conductor Casing Size: 5 1/2 Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks  
Surface Casing Size: 8 7/8 Set at: 150 Cemented with: \_\_\_\_\_ Sacks  
Production Casing Size: 5 1/2 Set at: 2493 Cemented with: 100 Sacks

List (ALL) Perforations and Bridge Plug Sets: 2410-34  
Per Rules + Regs. of KCC. sand 50' above, 5 packs of cement 250' from top

Elevation: \_\_\_\_\_ (  G.L. /  K.B. ) T.D.: 2485 P.B.T.D.: \_\_\_\_\_ Anhydrite Depth: \_\_\_\_\_ (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): Small @ 2350 + 5sks.

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

RECEIVED  
OCT 05 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: Bill Jackson or others  
Address: above City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Phone: 936 828-6018  
Plugging Contractor License #: \_\_\_\_\_ Name: Quality Well Service  
Address 1: 401 W. Main Address 2: \_\_\_\_\_  
City: Lyons State: KS Zip: 67554  
Phone: (620) 727-3410  
Proposed Date of Plugging (if known): Not Known

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent  
Date: 8-10-09 Authorized Operator / Agent: \_\_\_\_\_ (Signature)