

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 #: 33405
Name: ANSTINE & MUSGROVE INC
Address 1: PO BOX 391
Address 2: _____
City: PONCA CITY State: OK Zip: 74602 + _____
Contact Person: GARY ANSTINE
Phone: (620) 442-3167

API No. 15 - 035-21994-00-00
If pre 1967, supply original completion date: 8/30/1978
Spot Description: SW SE NW
____ - ____ - ____ Sec. 25 Twp. 33 S. R. 4 East West
2310 3007 Feet from North South Line of Section
1650 3630 Feet from East West Line of Section
Footages Calculated from Nearest Outside Section Corner: KCC P&T
 NE NW SE SW
County: COWLEY
Lease Name: MOSLER Well #: 2

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: D-21639 ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8" Set at: 193' Cemented with: 70 Sacks
Production Casing Size: 4 1/2 Set at: 3089 Cemented with: 250 Sacks

List (ALL) Perforations and Bridge Plug Sets:

SET BRIDGE PLUG @ 3060' PERFORATED SQUEEZE HOLES 1990-1992, 1932-1934 SQUEEZE W/150 SACKS TO 1000#, PERFORATED STALNAKER FROM 1907 TO 1944

Elevation: 1091 (G.L. / K.B.) T.D.: 3089 PBDT: 1993 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):

SET C.I.B.P. @ 1875 W/CEMENT ON TOP OF PLUG, PERFERATE @ 300" AND CIRCULATE CEMENT TO SURFACE AND WELD CAP ON TOP 4' UNDER GROUND LEVEL

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

RECEIVED
APR 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: GARY ANSTINE
Address: 27630 21ST ROAD City: GEUDA SPRINGS State: KS Zip: 67051 + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: COMPANY TOOLS
Address 1: 1517 N. 1ST Address 2: _____
City: ARKANSAS CITY State: KS Zip: 67005 + _____
Phone: (620) 441-8165

Proposed Date of Plugging (if known): _____

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

Date: 4/7/09 Authorized Operator / Agent: Robert J. Anstine (Signature)