

NOV 30 2009

CONSERVATION DIVISION
WICHITA, KS

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 #: 33657
Name: Ohio Kentucky Oil Corp.
Address 1: 110 East Lowry Lane
Address 2: _____
City: Lexington State: Ky Zip: 40503 + _____
Contact Person: Florencio Matta
Phone: (502) 494-0683

API No. 15 - 195-22452-0000
If pre 1967, supply original completion date: n/a
Spot Description: SWNWESW
Sec. 18 Twp. 11 S. R. 23 East West
2,300 Feet from North / South Line of Section
1,500 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Trego
Lease Name: Herman Oil Well #: 2

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: n/a ENHR Permit #: n/a Gas Storage Permit #: n/a

Conductor Casing Size: n/a Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8/5/8 Set at: 210 Cemented with: 140 Sacks
Production Casing Size: 4/1/2 Set at: 3997 Cemented with: 175-375 Sacks

List (ALL) Perforations and Bridge Plug Sets:

3874-3876 3877-3780 No B.P. set Port Collar at 2046 cemented back to surface with 375 sks.

Elevation: 2342 (G.L. / K.B.) T.D.: 3998 PBTD: 3941 Anhydrite Depth: 1936 top
(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):

Down 4/1/2 casing- 50sks 60/40/4%gel 100# Hulls 700#gelled water spacer 170sk 60/40 4%gel with 200# Hulls fill csg and psi. Pump 50sk down Annulus

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

If ACO-1 not filed, explain why:

Not filled out by person submitting application should of been done by main office in Kentucky.

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: Terry Garrison

Address: P.O. box 5 City: Hill City State: Ks Zip: 67642 + _____

Phone: (785) 421-4240

Plugging Contractor License #: _____ Name: Quality OilWell Cementing, INC.

Address 1: P.O. 32 Address 2: _____

City: Russell State: Ks. Zip: 67665 + _____

Phone: (785) 483-2025

Proposed Date of Plugging (if known): 11-19-2009

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

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

*Dist 4
PRT*

** Well plugged - KCC - PRT*