

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 #: 6484
Name: Anderson Energy, Inc.
Address 1: 221 S. Broadway - Suite 312
Address 2: _____
City: Wichita State: KS Zip: 67202 + 4210
Contact Person: Bill Anderson
Phone: (316) 263-1006

API No. 15 - 051-25894-00-00
If pre 1967, supply original completion date: _____
Spot Description: 10' N of E/2 E/2 SE/4
S2-SE-NE-SE Sec. 5 Twp. 15 S. R. 18 East West
1,330 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: Ellis County, Kansas
Lease Name: MUNSCH Well #: 5

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: 222' Cemented with: 150 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBD: _____ 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):

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

If ACO-1 not filed, explain why:

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 18 2009

CONSERVATION DIVISION
WICHITA, KS

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: _____

Address: _____ City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Plugging Contractor License #: _____ Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Proposed Date of Plugging (if known): 10-16-09

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

Date: 10-18-09 Authorized Operator / Agent: William Anderson
(Signature)

DIS + 4
PKT

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

~~A Well Plugged - KCC PKT~~