



KANSAS CORPORATION COMMISSION 1034342
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2009

This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

OPERATOR: License #: 9408
Name: Trans Pacific Oil Corporation
Address 1: 100 S MAIN STE 200
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 3735
Contact Person: Glenna Lowe
Phone: (316) 262-3596

API No. 15-033-20324-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
- NE NE Sec. 8 Twp. 33 S. R. 19 East West
4,620 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Comanche
Lease Name: ZIELKE Well #: 1-8

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: 8.6250 Set at: 662 Cemented with: 250 Sacks
Production Casing Size: 4.5 Set at: 5557 Cemented with: 175 Sacks

List (ALL) Perforations and Bridge Plug Sets:

PerforationTop PerforationBase Formation BridgePlugDepth

Elevation: 1922 (G.L. / K.B.) T.D.: 6400 PBTD: _____ 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):

As per KCC regulations.

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

If ACO-1 not filed, explain why:

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JAN 12 2010
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 Sharp
Address: 100 S. Main, Suite 200 City: Wichita State: KS Zip: 67202 + _____
Phone: (316) 262-3596
Plugging Contractor License #: 5105 Name: Clarke Corporation
Address 1: 107 W FOWLER Address 2: _____
City: MEDICINE LODGE State: KS Zip: 67104 + 1534
Phone: (620) 886-5665

Proposed Date of Plugging (if known): _____

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

Submitted Electronically

*Dist
PST*



Mark Parkinson, Governor
Thomas E. Wright, Chairman
Michael C. Maffet, Commissioner
Joseph F. Harkins, Commissioner

January 12, 2010

Glenna Lowe
Trans Pacific Oil Corporation
100 S MAIN STE 200
WICHITA, KS 67202-3735

Re: Plugging Application
API 15-033-20324-00-00
ZIELKE 1-8
NE/4 Sec.08-33S-19W
Comanche County, Kansas

Dear Glenna Lowe:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after July 11, 2010. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,
Production Department Supervisor

cc: District 1

(620) 225-8888

RECEIVED
JAN 12 2010
KCC WICHITA