

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 #: 32457
Name: Abercrombie Energy, LLC
Address 1: 150 North Main - Suite 801
Address 2: _____
City: Wichita State: KS Zip: 67202 + 1316
Contact Person: Mark R. Galyon
Phone: (316) 262-1841

API No. 15 - 167-23592-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
-NW-NW-SE Sec. 11 Twp. 15 S. R. 15 East West
2,270 Feet from North / South Line of Section
2,970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell County, Kansas
Lease Name: DIETZ Well #: 1-11

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: 814' Cemented with: 350 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1754' (G.L. / K.B.) T.D.: 3300' PBTD: _____ Anhydrite Depth: 794-832'
(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
DEC 23 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: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (____) _____

Proposed Date of Plugging (if known): 11-12-09 5:45 PM

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 12/22/09 Authorized Operator / Agent: [Signature] (Signature)

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

Dietz PRT