

COPY

***CORRECTION**
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
 Please TYPE Form and File ONE Copy

REC'D IN LEG. 152
 OK TO ACCEPT FAX'D
 Form CP-1
 March 2009
 This Form must be Typed
 Form must be Signed
 All blanks must be Filled

OPERATOR: License #: 5631
 Name: LOWEN OPERATOR, INC.
 Address 1: P.O. BOX 335
 Address 2: _____
 City: CANTON State: KS Zip: 67428 +
 Contact Person: D. D. LOEWEN, PRES.
 Phone: (620) 628-4425

API No. 15 - 113-19201-0000
 If pre 1967, supply original completion date: 10-22-1964
 Spot Description: _____
SW SE SW Sec. 25 Twp. 18 S. R. 2 East West
330 Feet from North / South Line of Section
1.650 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: MCPHERSON
 Lease Name: UNRUH Well #: A-3

Handwritten:
 113-19201-0000

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: 200' Cemented with: circulated Sacks
 Production Casing Size: 5 1/2" Set at: 2969' Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:
 Elevation: 1550 (G.L. / K.A.J. T.D.: 2969' PSTD: _____ 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 State requirements.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
 If ACO-1 not filed, explain why:
 Not available.

RECEIVED
 MAR 01 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: D. Loewen or Mike Koehn or Camron Decker
 Address: 208 S. Main, P.O. Box 335 City: Canton State: KS Zip: 67428 +
 Phone: (620) 628-4425
 Plugging Contractor License #: 30280 Name: SUNELOWER WELL SERVICE, INC.
 Address 1: P.O. BOX 341 Address 2: _____
 City: CANTON State: KS Zip: 67428 +
 Phone: (620) 654-8342
 Proposed Date of Plugging (if known): March 2, 2010

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
 Date: 2-25-2010 Authorized Operator / Agent: Douglas D. Loewen, Pres.
 (Signature)

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

Handwritten:
 CURRENT CP-1
 EXPIRES 5/30/10
 WADTD. PLUGGING
 CONTRACTOR ONLY.
 AND LTR. REC'D. 2/27/10