

**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 #: 3273
Name: Herman Loeb
Address 1: PO Box 838
Address 2: _____
City: Lawrenceville State: ILL Zip: 62439 + 0524
Contact Person: EO Loeb
Phone: (618) 943-2227

API No. 15 - 199-20-134-00-00
If pre 1967, supply original completion date: _____
Spot Description: NE-NE-NW 4
NE NE NW Sec. 30 Twp. 15 S. R. 42 East West
4950 Feet from North / South Line of Section
2970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wallace
Lease Name: Walsh Well #: 2-30

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: 430 Cemented with: 275 Sacks
Production Casing Size: 5 1/2 Set at: 5260 Cemented with: 125 Sacks

List (ALL) Perforations and Bridge Plug Sets: 5131 - 5140
Casing Leak below Anhydrite. Casing Bridged at 3370

Elevation: 3919 (G.L. / K.B.) T.D.: 5300 P.B.T.D.: 5220 Anhydrite Depth: 2778
(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 Instructions

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

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: Shane Pelton
Address: PO Box 792 City: Cheyenne Wells State: Colo Zip: 80810 + _____
Phone: (719) 340-8987
Plugging Contractor License #: _____ Name: ALLIED Cementing Co
Address 1: 207 WEST SOUTH SECOND Address 2: _____
City: Oakley State: KS Zip: 67748 + _____
Phone: (785) 672-3452

Proposed Date of Plugging (if known): 3/17/10

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 29 2010

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

Date: 3/16/10 Authorized Operator / Agent: [Signature]
(Signature)

CONSERVATION DIVISION
WICHITA, KS

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

Well Abr. Plugged on 3/17/10

[Signature]
*No [Signature]

Dist. 4