

**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 +
Contact Person: ED LOEB
Phone: (618) 943-2227

API No. 15 - 071-20288-0000
If pre 1967, supply original completion date: _____
Spot Description: _____
SE SW NE Sec. 11 Twp. 16 S. R. 47 East West
25102992 Feet from North South Line of Section
1650 1673 Feet from East West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Greeley
Lease Name: EOSALL Well #: E-2

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: 600 Cemented with: 425 Sacks
Production Casing Size: 4 1/2 Set at: 5300 Cemented with: 250 Sacks

List (ALL) Perforations and Bridge Plug Sets: Perf. 5166-5183
O.V. CMT SLEEVE SET AT 1750
CIBP SET AT 5100

Elevation: 3925 (G.L. / K.B.) T.D.: 5300 PBDT: 5249 Anhydrite Depth: 2750
(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: _____

**RECEIVED
APR 09 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: Shane Pelton
Address: PO Box 792 City: Cheyenne WY State: CO Zip: 80810 +
Phone: (719) 340-8987
Plugging Contractor License #: 99996 Name: ALLIED CEMENT CO.
Address 1: 200505 2nd ST SW Address 2: _____
City: CALGARY CANADA ALBERTA State: CAN Zip: T2P 1N8 +
Phone: (403) 269-1420

Proposed Date of Plugging (if known): plugged on 3/12/10

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 3-1-10 Authorized Operator / Agent: _____
(Signature)

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

Dist. 1

No ltr. - Well Alr. Plugged

KCC