KANSAS CORPORATION COMMISSION
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 #: __5056__

Name: __F.G. Holl Company, LLC__

Address 1: __9431 E. Central - Suite 100__

Address 2: _____

City: __Wichita__   State: __KS__ Zip: __67206__ + ____

Contact Person: __Franklin R. Greenbaum__

Phone: (__316__) __684-8481__

API No. 15 - __185-23622-00-00__

If pre 1967, supply original completion date: _____

Spot Description: __97' East & 150' South of__

__S2__ __NE__ SW Sec. __33__ Twp. __23__ S. R. __14__ ☐ East ☑ West

__1,500__ Feet from ☐ North / ☑ South Line of Section

__2,077__ Feet from ☐ East / ☑ West Line of Section

Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW

County: __Stafford County, Kansas__

Lease Name: __WATERS__ Well #: __1__

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: __474'__ Cemented with: __300__ Sacks

Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List *(ALL)* Perforations and Bridge Plug Sets:

Elevation: __1971'__ (☑ G.L. / ☐ K.B.) T.D.: __4200'__ 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)*:

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KANSAS CORPORATION COMMISSION

MAY 11 2010

CONSERVATION DIVISION
WICHITA, KS

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: __Rob Long__

Address: __P.O. box 308__   City: __Ellinwood__ State: __KS__ Zip: __67530__ + ____

Phone: (__620__) __793-0915__

Plugging Contractor License #: __5929__   Name: __Duke Drilling Company, Inc.__

Address 1: __P.O. Box 823__   Address 2: _____

City: __Great Bend__   State: __KS__ Zip: __67530__ + ____

Phone: (__620__) __793-8366__

Proposed Date of Plugging *(if known)*: __05-04-10__

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

Date: __5/10/2010__ Authorized Operator / Agent __Loveness Mpanje__ *Loveness Mpanje*

(Signature)

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

Dist. 1   No oth - Acr. Plugged