

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 #: 34158  
Name: O'Brien Resources, LLC  
Address 1: P.O. Box 6149  
Address 2: \_\_\_\_\_  
City: Shreveport State: LA Zip: 71136 + \_\_\_\_\_  
Contact Person: Byron E. Trust  
Phone: (318) 865-8568

API No. 15 - 119-21257-00-00  
If pre 1967, supply original completion date: \_\_\_\_\_  
Spot Description: \_\_\_\_\_  
E2-SE SE Sec. 13 Twp. 33 S. R. 26  East  West  
660 Feet from  North /  South Line of Section  
330 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Meade County, Kansas  
Lease Name: BISEL-THEIS 13 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: 90' Cemented with: \_\_\_\_\_ Sacks  
Surface Casino Size: 8-5/8" Set at: 931' Cemented with: 315 Sacks  
Production Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 2103' ( G.L. /  K.B.) T.D.: 7200' P.B.T.D.: \_\_\_\_\_ 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):

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

RECEIVED  
KANSAS CORPORATION COMMISSION  
JUN 01 2010  
CONSERVATION DIVISION  
WICHITA, KS

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: Duke Drilling Co., Inc.  
Address: P.O. Box 823 City: Great Bend State: KS Zip: 67530 + \_\_\_\_\_  
Phone: (620) 798-8366  
Plugging Contractor License #: 5929 Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Proposed Date of Plugging (if known): 04-25-10

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: Byron E. Trust  
(Signature)

Dist. 1

Mail to: KCC - Conservation Division, 1306 S. Market - Room 2078, Wichita, Kansas 67202

No Hts. - Alr. Plugged

lan