

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 #: 9228
Name: Marlin Oil Corporation
Address 1: P.O. Box 14630
Address 2: _____
City: Oklahoma City State: OK Zip: 73113 + 0630
Contact Person: W.R. (Dick) Lynn
Phone: (405) 478-1900

API No. 15 - 057-20680-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
NW. NW SE. NW Sec. 25 Twp. 28 S. R. 21 East West
1,549 Feet from North / South Line of Section
1,325 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner: *FL*
 NE NW SE SW
County: Ford
Lease Name: Smith Well #: 1-25

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: 591' Cemented with: 350 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 2370' (G.L. / K.B.) T.D.: 4500' PBDT: _____ Anhydrite Depth: 1322-1354'
(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):

50sx at 1350', 50sx at 620', 30sx at 300', 20sx at 60', 30sx in rat hole, and 20sx in mouse hole.

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 18 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: W. R. Lynn

Address: P.O. Box 14630 City: Oklahoma City State: OK Zip: 73113 + _____

Phone: (405) 478-1900

Plugging Contractor License #: 5929 Name: Duke Drilling Co., 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): 06-03-10

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

Date: 06-14-10 Authorized Operator / Agent: _____
W.R. Lynn (Signature)

Dist. 1

** No ltr. - well alr - plugged*

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

W.R. Lynn