

I declare under penalty or perjury under the laws of the state of Kansas that I am authorized to request exempt status under Rule K.A.R. 82-3-304 on behalf of the operator Monument Resources, Inc.

and that the foregoing information and statements contained on this application form are true and correct to the best of my knowledge and belief based upon gas production records and records of equipment installation and/or of type completion or upon use of the gas well herein named.

I hereby request a permanent exemption from open flow testing for the C. Heim #1-31 gas well on the grounds that said well:

(Check one)

- is a coalbed methane producer
- is cycled on plunger lift due to water
- is a source of natural gas for injection into an oil reservoir undergoing ER
- is on vacuum at the present time; KCC approval Docket No. _____
- is incapable of producing at a daily rate in excess of 150 mcf/D

Date: November 15, 2007

Signature: 

Title: President

Instructions: All active gas wells must have at least an original G-2 form on file with the conservation division. If a gas well meets the eligibility criteria set out in KCC regulation K.A.R. 82-3-304, the operator may complete the statement provided above in order to obtain a testing exemption.

At some point during the succeeding calendar year, wellhead shut-in pressure shall be measured after a minimum of 24 hours shut-in/buildup time and shall be reported on the front side of this form under "observed surface data." Shut-in pressure shall thereafter be reported yearly in the same manner.

The G-2 form conveying the newest shut-in pressure reading shall be filed with the Wichita office no later than thirty (30) days after the taking of the pressure reading. The form must be signed and dated on the front side as though it was a verified report of test results.

RECEIVED

JAN 11 2010

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-111
March 2009
Form must be Typed
Form must be signed

KCC WICHITA

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

OPERATOR: License# 32064
Name: Monument Resources, Inc.
Address 1: 2050 S. Oneida St., Suite 106
Address 2:
City: Denver State: CO Zip: 80224 +
Contact Person: A.G. Foust
Phone: (303) 692-9468
Contact Person Email: tony@monumentresourcesinc.com
Field Contact Person: Jeff Ogden
Field Contact Person Phone: (816) 769-7736

API No. 15- 103-20 314
Spot Description: NE/4 Sec 31, T8S, R22E
NE NE NE Sec. 31 Twp. 8 S. R. 22 E W
4,950 feet from N / S Line of Section
380 feet from E / W Line of Section
GPS Location: Lat: N/A, Long: N/A
County: Leavenworth (e.g. xxx.xxxxx)
Lease Name: C. Heim Well #: 1-31
Elevation: 918' GL KB
Well Type: (check one) Oil Gas OG WSW Other:
 SWD Permit #: ENHR Permit #:
 Gas Storage Permit #:
Spud Date: 12-07-84 Date Shut-In: 03-16-09

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	N/A	7"	4 1/2"	N/A	N/A	N/A
Setting Depth	N/A	44'	1353'	N/A	N/A	N/A
Amount of Cement	N/A	30sks	Unknown	N/A	N/A	N/A
Top of Cement	N/A	Surface	Surface	N/A	N/A	N/A
Bottom of Cement	N/A	44'	1353'	N/A	N/A	N/A

Casing Fluid Level: Unknown How Determined? _____ Date: _____
Casing Squeeze(s): N/A to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
Do you have a valid Oil & Gas Lease? Yes No
Depth and Type: Junk in Hole at _____ (depth) Tools in Hole at _____ (depth) Casing Leaks: Yes No Depth of casing leak(s): _____
Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
Packer Type: N/A Size: _____ Inch Set at: _____ Feet
Total Depth: 1355 Plug Back Depth: 1353 Plug Back Method: cemented casing

Geological Data:


Formation Name Formation Top Formation Base Completion Information
1. Burgess At: 1260 to 1293 Feet Perforation Interval unknown to _____ Feet or Open Hole Interval N/A to _____ Feet
2. _____ At: _____ to _____ Feet Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date: 01-07-10 Signature: [Signature] Title: President

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
Review Completed by: _____	Comments: _____			TA Approved: Yes <input type="checkbox"/> Denied <input type="checkbox"/>	

Mail to the Appropriate KCC Conservation Office:

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Street, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550
	Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226	Phone 316.734.4933