

STATE OF KANSAS  
KANSAS CORPORATION COMMISSION  
CONSERVATION DIVISION  
130 South Market - Room 2078  
Wichita, Kansas 67202

FORM CP-1 (3/92)

WELL PLUGGING APPLICATION FORM  
(PLEASE TYPE FORM and File ONE Copy)

API # 15-071-207100000 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date. 3/01

WELL OPERATOR Horseshoe Operating, Inc. KCC LICENSE # 04894  
(owner/company name) (operator's)

ADDRESS 500 W. Texas, Suite 1190 CITY Midland

STATE Texas ZIP CODE 79701 CONTACT PHONE # (915) 683-1448

LEASE Houston WELL# 1 SEC. 33 T. 20S R. 40 (East/West)

NW - NW - NW - SPOT LOCATION/QQQQ COUNTY Greeley

500 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

500 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL  GAS WELL  D&A  SWD/ENHR WELL  DOCKET# \_\_\_\_\_

CONDUCTOR CASING SIZE \_\_\_\_\_ SET AT \_\_\_\_\_ CEMENTED WITH \_\_\_\_\_ SACKS

SURFACE CASING SIZE 8-5/8" SET AT 265 CEMENTED WITH 190 SACKS

PRODUCTION CASING SIZE 4-1/2" SET AT 2901 CEMENTED WITH 600 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 2860-73'; 2818-32'; BPC 2850'

ELEVATION 3589 T.D. 2902 PBDT 2850 ANHYDRITE DEPTH 2410'  
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD  POOR  CASING LEAK  JUNK IN HOLE

PROPOSED METHOD OF PLUGGING \_\_\_\_\_

As per KCC orders

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? No IS ACO-1 FILED? Yes

If not explain why? Sent in w/ ACO-1

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.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Dave Olson 3-12-01 PHONE# 316 376-4400 316-376-8190

ADDRESS P. O. Box 175 City/State Midland, Tx 79701

PLUGGING CONTRACTOR Allied Cement Company KCC LICENSE # 99996  
(company name) (contractor's)

ADDRESS \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 3/9/01 12:00 PM

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 3/9/01 AUTHORIZED OPERATOR/AGENT: [Signature]  
(signature)