

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 # 15-039-20262-00-00 Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR Energy Search Operating Co. KCC LICENSE # 31660
(owner/company name) (operator's)

10/05

ADDRESS P.O. Box 31697 CITY Aurora

STATE CO ZIP CODE 80041 CONTACT PHONE # (308)345-7200

LEASE Huff D WELL# 1 SEC. 10 T. 1s R. 26w (East/West)

SW E/2 - SW - SW - SPOT LOCATION/0000 COUNTY Decatur

660674 FEET (in exact footage) FROM SN (circle one) LINE OF SECTION (NOT Lease Line)

6604781 FEET (in exact footage) FROM E W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL X GAS WELL ___ D&A ___ SWD/ENHR WELL ___ DOCKET# ___

CONDUCTOR CASING SIZE ___ SET AT ___ CEMENTED WITH ___ SACKS

SURFACE CASING SIZE 8 5/8 SET AT 214 CEMENTED WITH 170 SACKS

PRODUCTION CASING SIZE 4 1/2 SET AT 3543 CEMENTED WITH 150 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3284-87, 3415-18

ELEVATION 2450 T.D. 3545 PETD 3537 ANHYDRITE DEPTH 1926
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD ___ POOR X CASING LEAK ___ JUNK IN HOLE ___

PROPOSED METHOD OF PLUGGING As to state recommendation

RECEIVED
KANSAS CORPORATION COMMISSION

SEP 21 2005

(If additional space is needed attach separate page)

CONSERVATION DIVISION
WICHITA, KS

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? ___ IS ACO-1 FILED? yes

If not 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.

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

Brett Robuck PHONE# 308 340-3242

ADDRESS P.O. Box 345 City/State McCook, NE 69001

PLUGGING CONTRACTOR Energy Search Operating Co. KCC LICENSE # 31660

ADDRESS Same (company name) PHONE # () Same (contractor's)

3/04

PROPOSED DATE AND HOUR OF PLUGGING (If known?) ASAP

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

DATE: 8-20-05 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

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