

RECEIVED

DEC 16 2005

KCC WICHITA

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
130 S. Market, Room 2078
Wichita, KS 67202

FORM CP-1
Rev. 03/92

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

API # 15-189-10127-0000 (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 PIONEER NATURAL RESOURCES USA, INC KCC LICENSE # 04824
(owner/company name) (operator's)

ADDRESS 5205 N. O'CONNOR BLVD., ROOM 1325 CITY IRVING

STATE TX ZIP CODE 75039 CONTACT PHONE # (972) 444-9001

LEASE PANOMA WELL # 1-12 SEC. 12 T. 31S R. 38W (East/West)

SW-SW SPOT LOCATION/QQQQ COUNTY STEVENS

2883 2440 FEET (in exact footage) FROM (S) (circle one) LINE OF SECTION (NOT Lease Line)

2528 2440 FEET (in exact footage) FROM (E) (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 10 3/4" SET AT 526' CEMENTED WITH 325 SX SACKS

PRODUCTION CASING SIZE 7" SET AT 2430' CEMENTED WITH 750 SX SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 5 1/2" LINER, TOP 2417', BOT 2670'

ELEVATION 3120' GL T.D. 2670' P.B.T.D. 2670' ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING AS PER KCC GUIDELINES AND REGULATIONS

(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? drilled in 1954, unable to locate logs

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.

BOB CLARK PHONE # (620) 356-3026

ADDRESS P. O. BOX 1006 City/State JULYSSES, KANSAS

PLUGGING CONTRATOR SARGENT & HORTON PLUGGING INC KCC LICENSE # 31151
(company name) (contractor's)

ADDRESS RT 1 BOX 49BA TYRONE, OK 73951-9731 PHONE # () _____

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: 12/14/05 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

2/06

1/06