

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

Form CP-1
September 2003
This Form must be Typed
Form must be Signed
All blanks must be Filled

API # 15 - 075-20040 - 00-20 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date 11/10/1971

Well Operator: Horseshoe Operating, Inc. KCC License #: 4894
(Owner / Company Name) (Operator's)

Address: 110 W. Louisiana, Ste 200 City: Midland

State: Texas Zip Code: 79701 Contact Phone: (432) 683 - 1448

Lease: Walters Well #: 1-7 Sec. 7 Twp. 23 S. R. 40 East West

NW - SE Spot Location / QQQQ County: Hamilton

1980 2016 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

1980 2019 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: Oil Well Gas Well D&A Cathodic Water Supply Well
 SWD Docket # _____ ENHR Docket # _____ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 7 Set at: 371 Cemented with: 150 Sacks

Production Casing Size: 4.5 Set at: 1481 Cemented with: 100 Sacks

List (ALL) Perforations and Bridgeplug Sets: Perforated @ 2550

Elevation: 3443 (G.L. / K.B.) T.D.: 2591 P.B.T.D.: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): Per KCC orders

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KANSAS CORPORATION COMMISSION
AUG 22 2005
CONSERVATION DIVISION
WICHITA, KS

Is Well Log attached to this application as required? Yes No Is ACO-1 filed? Yes No

If not explain why? Did not have one.

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

Phone: (620) 376 - 2583

Address: P. O. Box 175 City / State: Tribune, KS

Plugging Contractor: Allied Cementing KCC License #: _____
(Company Name) (Contractor's)

Address: Russell, KS Phone: (785) 483 - 2627

Proposed Date and Hour of Plugging (if known?): _____

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

Date: 8-18-05 Authorized Operator / Agent: Debbie Frankel
(Signature)

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

3/06

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