

RECEIVED
OCT 31 2005
KCC WICHITA

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 - 077-21525-00-00 (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 9/13/05

Well Operator: M E Klein & Associates, Inc. KCC License #: 31933
(Owner / Company Name) (Operator's)

Address: P.O. Box 721436 City: Norman

State: Oklahoma Zip Code: 73070 Contact Phone: (405) 321 - 7171

Lease: Truby Well #: 1 Sec. 20 Twp. 33S S. R. 6 East West

C - N/2 - SW/4 Spot Location / QQQQ County: HARPER

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

1320 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: 8 5/8" Set at: 293' Cemented with: 200 Sacks

Production Casing Size: 4 1/2" Set at: 4,597' Cemented with: 125 Sacks

List (ALL) Perforations and Bridgeplug Sets: 4462'-4476'

Elevation: 1315 (G.L. / K.B.) T.D.: 4600 P.B.T.D.: 4558' Anhydrite Depth: _____
(Stone Coral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

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

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

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: Mark E. Klein

Phone: (405) 321 - 7171 x 223

Address: P.O. Box 721436 City / State: Norman, OK

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

Address: _____ Phone: () -

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: 10/27/05 Authorized Operator / Agent: Mark E. Klein
(Signature)

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

9/06

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