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

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

API # 15-065-22919-0000 (identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date. 3/04

WELL OPERATOR GREAT EASTERN ENERGY & DEVELOPMENT  KCC LICENSE # 9449
ADDRESS P.O. BOX 2436  CITY MIDLAND, TX 79702
STATE TX  ZIP CODE 79702  CONTACT PHONE # (432) 682-1178
LEASE L. JOHNSON  WELL #1  SEC. 26  T.6S  R. 21W (East/West)

1090 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)
1740 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

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

CONDUCTOR CASING SIZE ________ SET AT ________ CEMENTED WITH ________ SACKS
SURFACE CASING SIZE ________ SET AT ________ CEMENTED WITH ________ SACKS
PRODUCTION CASING SIZE ________ SET AT ________ CEMENTED WITH ________ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:

ELEVATION 2239 GL  T.D. 3745  PBTD  ANHYDRITE DEPTH 1860  (Stone Corral Formation)

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

PROPOSED METHOD OF PLUGGING AS PER KCC INSTRUCTIONS

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? YES ___ 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:

BILL ROBINSON  PHONE# (432) 682-1178
ADDRESS P.O. BOX 2436  CITY/STATE MIDLAND, TX 79702

PLUGGING CONTRACTOR ALLIED CEMENTING  KCC LICENSE # N/A
ADDRESS BOX 31, RUSSELL, KS  PHONE # (785) 483-3887

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 7-8-03 Plugged

PAYMENT OF THE PLUGGING FEE (K.A.R. 52-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT
DATE: 8-27-03 AUTHORIZED OPERATOR/AGENT: ____________

(signature)