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KCC WICHITA

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market, Room 2078
Wichita, Kansas 67202-3802

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

API # 15-007-19028-00-01 (Identifier number of this well). This must be listed for
wells drilled since 1967; if no API# was issued, indicate spud or completion date.

Larson Operating Company

WELL OPERATOR A Division of Larson Engineering, Inc. KCC LICENSE # 3842
(Owner/company name) (operator’s)

ADDRESS 562 W. Highway 4 CITY Olmitz
(Owner/company name) (Operator’s)

STATE Kansas ZIP CODE 67564-8561 CONTACT PHONE # (620) 653-7368

LEASE Marsh B OWNO WELL # 1 SEC. 9 T. 32 R. 15

S/2 SW SE SPOT LOCATION/0000 COUNTY Barber County, Kansas

330 FEET (in exact footage) FROM E/N (circle one) LINE OF SECTION (NOT Lease Line)
1980 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 Existing SET AT CEMENTED WITH SACKS
SURFACE CASING SIZE 8-5/8" SET AT 250' CEMENTED WITH SACKS
PRODUCTION CASING SIZE SET AT CEMENTED WITH SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:

ELEVATION 2028/2037' T.D. 974' PBD ANHYDRITE DEPTH
(G.I./K.B. ) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR ____ CASING LEAK ____ JUNK IN HOLE ____

PROPOSED METHOD OF PLUGGING AS DIRECTED BY KCC

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____
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:

THOMAS LARSON PHONE# (620) 653-7368

ADDRESS 562 W. STATE RD 4 City/State Olmitz, KS 67564

PLUGGING CONTRACTOR Duke Drilling Co., Inc. KCC LICENSE # 5929
(company name) (contractor’s)

ADDRESS P.O. Box 823 GREAT BEND, KS PHONE# ______

PROPOSED DATE AND HOUR OF PLUGGING (If Known) 6:00 PM 8-15-05

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

DATE: 8-24-05 AUTHORIZED OPERATOR/AGENT: __________________________

(signature)