KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

API #: 15-007-22924-0000 (Identify Number of this well) This must be listed for wells drilled since 1967. If no API # was issued, indicate original spud or completion date ____________________________

Well Operator: Ruge Oil Co. Inc.
Owner/Company Name: KCC License #: 5047

Address: P.O Box 783010
City: Wichita
State: KS Zip Code: 67278 Contact Phone: (316) 689-3520

Lease: Todd Well #: 1-23 Sec 23 Twp 30 S R 12 [East / West
C SW NW Spot Location / 4000 County: Barber

1480 Feet (exact footage) From [X] North / [ ] South (from nearest outside section corner) Line of Section (Net Lease Line)
1660 Feet (exact footage) From [X] East / [ ] West (from nearest outside section corner) Line of Section (Net Lease Line)

Check One: [X] Oil Well [ ] Gas Well [ ] DSA [ ] Cathodic [ ] Water Supply Well
[ ] SWD Docket # [ ] ENMR Docket #

Conductor Casing Size: _______ Set at: _______ Cemented with: _______ Sack
Surface Casing Size: 8 5/8 Set at: 302 Cemented with: 225 Sacks
Production Casing Size: _______ Set at: _______ Cemented with: _______ Sacks

List (ALL) Perforations and Bridging Sets

Elevation: 1707 [X] L / [ ] K: TC: 4565 PBTD: Arnytaide Depth:
(See Completion Form)

Condition of Well: [ ] Good [ ] Poor [ ] Casing Leak [ ] Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed) Delay Mud to 630' 50% Cement
Delay Mud to 330' 50% Cement Delay Mud to 60' 80% Cement 15x R.H. 10x M. Hde 60-40 2 6% bel. Allied Cementing

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

If not explain why: ____________________________

Plugging of this Well will be done in accordance with K.S.A. 85-101 61 882. and the Rules and Regulations of the State Corporation Commission.

List Name of Company Representative authorized to be in charge of plugging operations: ____________________________

Address: ____________________________ City / State: ____________________________

Plugging Contractor: Val Energy Inc KCC License #: 5822

Address: P.O Box 114 Wichita KS 67201-0114 Phone: ____________________________

Proposed Date and Hour of Plugging (if known): 9-7-05 11:15 A.M. Plugged

Payment of the Plugging Fee (K.A.R. 82-3-119) will be guaranteed by Operator or Agent

Date: ____________________________ Authorized Operator / Agent: ____________________________

Mail to: KCC Conservation Division, 130 S. Market - Room 2073, Wichita, Kansas 67202

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