Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator:_Pratt Well Service, Inc.					API Number:15 - 151-20,514		
Address: PO Box 847, Pratt, KS 67124					Lease Name:		
Phone: (620) 672 -6520x13 Operator License #: 5893					Well Number:		
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Docket #:					Spot Location (QQQQ): C - NE - NW - K		
The plugging proposal w	as approved on:			(Date)	3300 Feet	t from 🔀 East / 🗌 West Section Line 🖟	
by: (KCC District Agent's Name) Is ACO-1 filed? Yes No If not, is well log attached? Yes \(\sqrt{No} \)					Sec. 19 Twp. 28 S. R. 15 East West		
Producing Formation(s): I		_		<u>V</u>			
Depth to Top: Bottom: T.D					Date Well Completed: 10-27-05		
Depth to Top: Bottom: T.D					Plugging Commenced: 10-27-05		
		Bottom: T.D			Plugging Completed: 10-28-05		
Show depth and thicknes	s of all water, oil and or	as formations.				The second secon	
	Water Records	I I I I I I I I I I I I I I I I I I I	0	Casing Record (Surface Conductor	& Production)	
Formation	Content	From	То	Size	Put In	Pulled Out	
				8 5/8	406		
				4 1/2	4661	2610'	
	590', dumped 4 sack	s cement, rip	oped at 2830), and 2610',	pulled to 1000	ethod or method PECENTED i into the each plug set. D', pumped 15 NO \$ 50 \$ a \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50	
Name of Plugging Contractor: Quality Well Service, Inc. License #: 31925							
Address: 401 West	Main, Lyons, KS	67554					
Name of Party Responsib	ole for Plugging Fees: P	ratt Well S	Service, In	c.			
State of <u>Kansas</u>	County,	Pratt		_ , ss.			
Kenneth C. Ga	tes, President			_ (Employee of	Operator) or (Op	perator) on above-described well, being first duly	
sworn on oath, says: Tha same are true and correct		e facts stateme (Signature)	nts, and matter			of the above-described well is as filed, and the	
		(Address) P	.O. Box 8	47, Pratt	KS 671	24	
	SUBSCRIBED and	SWORN TO be	efore/me this _	day of	Commission Exp	AMY S. RUBERTSUN	

Bm