

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

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 5893
Name: Pratt Well Service, Inc.
Address 1: PO Box 907
Address 2: _____
City: Pratt State: KS Zip: 67124 + _____
Contact Person: Kenneth C. Gates
Phone: (620) 672-9571 ext 9

API No. 15 - 047-20617-00-01
If pre 1967, supply original completion date: _____
Spot Description: _____
nw sw ne Sec 34 Twp. 25 S. R. 16 East West
3890 3596 Feet from North / South Line of Section
2310 2422 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Edwards
Lease Name: Gibson Well #: 1 SWD

KCC
PKT
PKT
GPS

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: E-20206 ENHR Permit #: E-20206 Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8" Set at: 392 Cemented with: 315 Sacks
Production Casing Size: 4 1/2" Set at: 4483 Cemented with: 200 Sacks

List (ALL) Perforations and Bridge Plug Sets:
Perfs 3907-4095 R-4 compression packer set at 3901'.

Elevation: 2063 (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):
Set bridge plug at approximately 3890 with 2 sacks cement on top
Free point casing
1st plug at 1050 50 sacks cement, 35 sack plug at anhydrite depth
from 40' fill with cement to surface
Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:
Incomplete well file

KANSAS CORPORATION COMMISSION
MAY 04 2009
RECEIVED

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
Company Representative authorized to supervise plugging operations: Gareld Inslee
Address: PO Box 907 City: Pratt State: KS Zip: 67124 + _____
Phone: (620) 770-0995
Plugging Contractor License #: 5893 Name: Pratt Well Service, Inc.
Address 1: PO Box 907 Address 2: _____
City: Pratt State: KS Zip: 67124 + _____
Phone: (620) 672-9571

Proposed Date of Plugging (if known): (May 4 2009 10:15 Am.)

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 4/30/2009 Authorized Operator / Agent: Kenneth C. Gates President
(Signature)

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

PKT
PKT