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 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #: 5893			API No. 15 - 097-20866-00-00						
Name: Pratt Well Service, Inc.	·		Spot Description:						
Address 1: PO Box 907			N/2 -NW- SW- Sec. 12 Twp. 28 S. R. 16 East ✓ West						
Address 2:			Feet from North / South Line of Section						
City: Pratt State: KS			Feet from East / West Line of Section						
Contact Person: Kenneth C. Gates			Footages Calculated from Nearest Outside Section Corner:						
Phone: (620) 672-9571 ext 5			NE NW SE SW						
Type of Well: (Check one) Oil Well Gas Well			County: Kiowa						
Water Supply Well Other:	SWD Permit #:		Lease Name: Kesterhorn Well #: 1						
	orage Permit #:	_ !	Date Well Completed: February 1982						
Producing Formation(s): List All (If needed attach another] 1NO	The plugging proposal was approved on: April 24, 2009 (Date) by: Steve Bond (KCC District Agent's Name)						
	m: <u>4640</u> T.D.								
Cherokee Depth to Top: 4645 Botto	om: <u>4648</u> T.D.		Plugging Commenced: 5-15-2009						
Cherokee Depth to Top: 4653 Botto	m: <u>4654</u> T.D. <u>4659</u>		Plugging Completed: 5-15-2009						
Show depth and thickness of all water, oil and gas forms	ations.		F						
Oil, Gas or Water Records		Casing R	ecord (Surfa	ice, Conductor & Produ	ction)				
Formation Content	Casing	Size		Setting Depth	Pulled Out				
	Surface	8 5/8"		408'					
	Production	4 1/2"		4754'	2042'				
:									
			-						
Describe in detail the manner in which the well is plugg cement or other plugs were used, state the character of Sand back to 4505' dump 4 sacks 50 sacks cement. 2nd plug at 442 surface.	same depth placed from (both cement. Cut casin	tom), to (t ig at 2	op) for each $042'$. S	et 1st plug at	1082, 15 sacks delland ks cement cement to MAY 2 0 2009				
					RECEIVED				
Plugging Contractor License #:5893		Name: Pratt Well Service, Inc.							
Address 1: PO Box 907		Address	2:						
City: Pratt			State: KS	,	z _{ip:} <u>67124</u> +				
Phone: (620) 672-9571 ext 5									
Name of Party Responsible for Plugging Fees: Pratt	Well Service, Inc.								
State of Kansas County,	Pratt		, SS.		t e e e e e e e e e e e e e e e e e e e				
Kenneth C. Gates (Print Name)			Emp	ployee of Operator or	Operator on above-described well,				
being first duly sworn on oath, says: That I have knowled the same are true and correct, so help ne God. Signature:	dge of the facts statements, ar	nd matters	s herein con	tained, and the log of	the above-described well is as filed, and				



energy services, L.P.

P.T.A.

TREATMENT REPORT

Customer	t Wel	(500V	450	Leas	se No.		<i>1 </i>	·		Date						
Lease Kes tolkook Well # /									<u>~</u>	/	/ - C	9	•			
Field Order	# Station	PRIH					Casing	// Depth	ו	County	K 11.) A	· · · · · · · · · · · · · · · · · · ·	State		
Type Job P. T. A.						Formation County Legal Description										
PIPE DATA PERFORATING DATA FLUID																
Casing Size	Tubing Si	ze Shots/F	Shots/Ft			Aci	d		RATE PRE			SS ISIP				
Depth	Depth	From	То		Pre Pad			Max			5 Min.					
Volume	Volume	From	То			Pad			Min			10 Min.				
Max Press	Max Pres	From	-rom To			Frac			Avg			15 Min.				
Well Connecti		From		То					HHP Used			Annulus Pressure				
Plug Depth	Packer D	epth From		То		Flush		Gas Volume			Total Load		d			
Customer Representative					Station	Man	ager Di70E	Scult	-	Treate	The	Cp. F	Jul/1			
Service Units	19807	27463	19831													
Driver Names	Sulliver	Losky	0.5	Nic	plud											
Time	Casing Pressure	Tubing Pressure	Bbls.	Pumpe	đ		Rate				Servic	ce Log				
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