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SEP 16 2009

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

KCC WICHITA

Form CP-1
March 2009

This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 32432
Name: LaVeta Oil & Gas LLC
Address 1: 1290 NE 90th Ave.
Address 2: _____
City: Hudson State: KS Zip: 67545 + _____
Contact Person: Bennie Griffin
Phone: (620) 786-8072

API No. 15 - NA 185-02095-0000
If pre 1967, supply original completion date: 3-14-34
Spot Description: _____
SE NW SW Sec. 31 Twp. 22 S. R. 11 East West
1660 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stafford
Lease Name: Allen A Well #: 3

KCC
PPT
CP 2/3

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 13" Set at: 220' Cemented with: 200 Sacks
Production Casing Size: 7" Set at: 3531' Cemented with: 250 Sacks

List (ALL) Perforations and Bridge Plug Sets:
~~3536'~~ - 3536'

Elevation: 1813' (G.L. / K.B.) T.D.: 3558' 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):
as per KCC

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, 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

Company Representative authorized to supervise plugging operations: Bennie Griffin
Address: 1290 NE 90th Ave. City: Hudson State: KS Zip: 67545 + _____
Phone: (620) 786-8072

Plugging Contractor License #: 31925 Name: Quality Well Service
Address 1: 190th US 56 Highway Address 2: _____
City: Ellinwood State: KS Zip: 67526 + _____
Phone: (620) 727-3410

Proposed Date of Plugging (if known): ASAP 9/25/09 900AM

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 9-15-09 Authorized Operator / Agent: David Brady Quality Well Service
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202
**Will plugged KCC PPT*

Dist. 1 PPT