

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

15-185-21289-00-02

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. ~~15-185-21289-00-02~~
If pre 1967, supply original completion date: _____
Spot Description: _____
SW 3/8
SE-SW-SE Sec. 30 Twp. 22 S. R. 11 East West
321 Feet from North / South Line of Section
1275 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stafford
Lease Name: Komarek Well #: 22

KCC
PKT
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: 8 5/8" Set at: 552 Cemented with: N/A Sacks
Production Casing Size: 5 1/2" Set at: 3543' Cemented with: N/A Sacks

List (ALL) Perforations and Bridge Plug Sets:
3308' - 3318'

Elevation: 1816' (G.L. / K.B.) T.D.: 3554' PBDT: 2800' 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:

RECEIVED
SEP 24 2009
KCC WICHITA

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 9/22/09 3pm

DIST
PKT

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 9-21-09 Authorized Operator / Agent: David Beach Quality Well Service
(Signature)

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

* Well plugged - KCC PKT