

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

OPERATOR: License #: 33936
Name: Charles N. Griffin
Address 1: P.O. Box 127
Address 2: _____
City: Sawyer State: Ks. Zip: 67134 + _____
Contact Person: Charles N. Griffin
Phone: (720) 490-5648

API No. 15 - 151-00409-0001
If pre 1967, supply original completion date: JUNE 08, 1961
Spot Description: SE,SW,SW,NW SEC.11-T27S-R15W PRATT CO.
SE, SW, SW, NW Sec. 11 Twp. 27 S. R. 15 East West
2,310 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: PRATT
Lease Name: COVEY B Well #: 1

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: 290' Cemented with: 300' Sacks
Production Casing Size: 4 1/2 Set at: 4,500' Cemented with: 150' Sacks

List (ALL) Perforations and Bridge Plug Sets:

4398'-4402'

Elevation: 2045' (G.L. / K.B.) T.D.: 4520' P.B.T.D.: _____ 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 RULES AND REGULATIONS

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

RECEIVED
MAR 23 2010
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: Charles N. Griffin or George H. Beck

Address: P.O. Box 127 City: Sawyer State: Ks Zip: 67124 + _____

Phone: (720) 490-5648

Plugging Contractor License #: 31925 Name: Quality Well Service

Address 1: 190th US 56 Address 2: _____

City: Ellinwood State: ks Zip: 67526 + _____

Phone: (620) 727-3409

Proposed Date of Plugging (if known): ASAP

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

Date: 2/2/10 Authorized Operator / Agent: [Signature]
(Signature)

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

Well plugged 9/04/10

*File
2/2/10
No Atr.*