

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010

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

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: 5893
Name: Pratt Well Service, Inc
Address 1: P.O. Box 907
Address 2: _____
City: Pratt State: KS Zip: 67124 + _____
Contact Person: Kenneth C Gates
Phone: (620) 672-9571 Ext 5

API No. 15 - 097-21322-00-00
If pre 1967, supply original completion date: n/a
Spot Description: SE/4 of Sec. 24 T285 R16W
C S/2 SE SE Sec. 24 Twp. 28 S. R. 16 East West
330 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kiowa
Lease Name: Thorpe Well #: 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: 321' Cemented with: 175 Sacks
Production Casing Size: 4 1/2" Set at: 4796' Cemented with: 140 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 2120 (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 4 1/2" CIBP at 4624 with 3 sacks. Packer cemented at 3100' 84 jts 2 3/8" tubing cemented in hole.
Squeezed at 3340 with 190 Sacks. Perf at 459-460 4 shots circulate 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 record

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): Unknown

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

RECEIVED
MAY 02 2011

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

KCC WICHITA
[Signature]

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 5893
Name: Pratt Well Service, Inc
Address 1: P.O. Box 907
Address 2: _____
City: Pratt State: KS Zip: 67124 + _____
Contact Person: Kenneth Gates
Phone: (620) 672-9571 Fax: (620) 672-9574
Email Address: _____

Well Location:
C S/2 SE SE Sec. 24 Twp. 28 S. R. 16 East West
County: Kiowa
Lease Name: Thorpe Well #: 3

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Stephen Thorpe
Address 1: 1031 Bartrams Bluff
Address 2: _____
City: Greensboro State: GA Zip: 30642 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 4/20/11 Signature of Operator or Agent: Kenneth C. Gates Title: President

RECEIVED

MAY 02 2011

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

KCC WICHITA

LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE

6507

Date 4-6-2011

CHARGE TO: Platt Well Services
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Thorp #3 FIELD _____
 NEAREST TOWN Platt COUNTY Kans STATE K.S
 SPOT LOCATION 160' ECL - 330' S1 SEC. 24 TWP. 28s RANGE 16w
 ZERO 5' AGL CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL 500'
 ENGINEER Lance Gregg OPERATOR Shannon Gregg

PERFORATING				
Description	No. Shots	Depth From	To	Amount

DEPTH AND OPERATIONS CHARGES						
Description	From	Depth To	Total No. Ft.	Price PER FT.	Amount	
Set 4 1/2 CTDP 1115-S AT	0	4624	4674	22	1017	22
Dump 3 sacks of cement AT		4624			150	25

MISCELLANEOUS			
Description	Quantity	Amount	
Service Charge	1	550	00
4 1/2 CTDP 1115 S wellhead feed	1	700	00

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Lance Gregg
Customer Signature _____ Date _____

RECEIVED Sub Total 2717 22

Code Ref. MAY 02 2011 Tool Insurance _____ Tax _____

KCC WICHITA

1958 00



ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

CEMENTING LOG

STAGE NO.

Date 4-13-2011 District ML Ticket No. 40070
 Company Prest Well Service Rig Prest Well
 Lease Thorpe Well No. H3
 County KIOWA State KS
 Location UIC Wells 212 Field 24-285-114

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type C1955B + 2%CC
 Excess _____

Amt. 100 Skys Yield 1.17 ft³/sk Density 15.6 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Pump Trucks Used 360-265 - Jason T
 Bulk Equip. 421-257 - Bobby L.

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 4 1/2 Type _____ Weight 10.5 Collar _____

Casing Depths: Top _____ Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. .0159 Lin. ft./Bbl. 62.70
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. .0101 Lin. ft./Bbl. 99.37
Tubing Bbls/Lin. ft. .00387 Lin. ft./Bbl. 258.65
 Perforations: From 83335 ft. to 3366 ft. Amt. 31'

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE Gerald Instey

CEMENTER Derin Franklin

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
		500		1/2	1/2	Lock casing to 300 psi with 1/2 bbl water
	1,000			5	1	Take Injection rate 1 bpm at 1,000 psi
	800			21	2	Discuss when cement to mix
	1300					mix 100% C1955A + 2%CC
						at end of mixing cement pressure rose to 1300
						Shut down
						SAGS displacement
	1300					dis move gyl fluid after sagging on cement
						for 20 minute to get pressure to hold 1300 psi
						Switch over to Reverse out
						could not Reverse out Short way or long way
	1500	500				Try to go Short way would not move
						Try to go down tubing would not move
						Decided to pull tubing out of hole
						Tubing get stuck & pressure 16 joints down

RECEIVED

MAY 02 2011

KCC WICHITA

ALLIED CEMENTING CO., LLC. 040070

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Med. Cimg Lodge K1

DATE <i>4-13-2011</i>	SEC. <i>24</i>	TWP. <i>28S</i>	RANGE <i>16W</i>	CALLED OUT <i>4:00 AM</i>	ON LOCATION <i>9:30 AM</i>	JOB START <i>12:00 PM</i>	JOB FINISH <i>1:00 PM</i>
LEASE <i>Thorp</i>		WELL# <i>3</i>	LOCATION <i>Preston + Kiowa Co. line</i>		COUNTY <i>Kiowa</i>	STATE <i>Ks</i>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<i>2 1/4 south, 1/4 west, N1/2</i>				

CONTRACTOR *Preston well service*

TYPE OF JOB *Squeeze*

HOLE SIZE *7 1/8* T.D. _____

CASING SIZE *4 1/2* DEPTH _____

TUBING SIZE *2 3/8* DEPTH *3122'*

DRILL PIPE _____ DEPTH _____

TOOL *Packer* DEPTH *3122'*

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER *Preston well service*

CEMENT

AMOUNT ORDERED *1005 Class A + 2% cc*

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER *Dein F*

360-265 HELPER *Jason T.*

BULK TRUCK

471-252 DRIVER *Bobby W.*

BULK TRUCK

_____ DRIVER _____

REMARKS:

*Loss 555 lbs to 500 psi, + 5Kc injection
15 to 9 + 1 Rpm 5 + 1000 psi, mix 1005
Class A + 2% cc, pressure to 1500 psi.*

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MAY 02 2011
KCC WICHITA

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

SERVICE

DEPTH OF JOB *3122*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD *Squeeze* _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: *Preston well service*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

none _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE *[Signature]*

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



CORPORATION COMMISSION

Sam Brownback, Governor, Thomas E. Wright, Chairman Ward Loyd, Commissioner

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

PRATT WELL SERVICE, INC.
PO BOX 847
PRATT, KS 67124-0847

May 03, 2011

Re: THORPE #3
API 15-097-21322-00-00
24-28S-16W, 330 FSL 660 FEL
KIOWA COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after October 30, 2011. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,

Steve Bond
Production Department Supervisor

District: #1
210 E Frontview, Suite A
Dodge City, KS 67801
(620) 225-8888