STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

TYPE OR PRINT
NOTICE: Fill out completely and return to Cons. Div. office within 30 days.

RECEIVED
AUG 22 2002
8-22-02
KCC WICHITA

API NUMBER 15-007-30242-00-01

LEASE NAME Grigsby

WELL NUMBER 1

____ Ft. from S Section Line

____ Ft. from E Section Line

SEC. 30 TWP. 32S RGE. 11 (E) or (W)

COUNTY Barber

Date Well Completed 9/66

Plugging Commenced 7/24/02

Plugging Completed 7/31/02

LEASE OPERATOR Pratt Well Service, Inc.

ADDRESS P.O. Box 847 Pratt, KS 67124

PHONE#(620) 67202531 OPERATORS LICENSE NO. 5893

Character of Well oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on ____ (date)

by Michael Maier (KCC District Agent's Name).

Is ACO-1 filed? no If not, is well log attached? do not have one

Producing Formation ____ Depth to Top ____ Bottom ____ T.D. ____

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				4 1/2		29 Jts

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from __ feet to __ feet each set.

Log-Tech on location, shot 4 1/2" @ 998', waited on State and cemented. PULled 12 Jts, cement 60 sacks, pulled 11 Jts, cemented 40 sacks, pulled 5 Jts, cement to surface and laid down last Jt. Recovered 29 Jts of 4 1/2" casing. Pumped 10 sx gel, pumped 50 sx 60:40:6 @ 600' displaced 6 BBLS water and pumped 50 sx 60:40:6 at 230'. Displaced 2 BBLS water, circ to top @ 40' w/ 25 sx 60:40:6.

Name of Plugging Contractor Pratt Well Service, Inc. License No. 5893

Address P.O. Box 847 Pratt, KS 67124

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pratt Well Service, Inc.

STATE OF Kansas COUNTY OF Pratt, ss.

Amy Robertson, Production Clerk (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Amy Robertson

(Address) P.O. Box 847 Pratt, KS 67124

SUBSCRIBED AND SWORN TO before me this 15th day of Aug 2002

Kevin C. Gates
Notary Public

My Commission Expires: 3/13/04

KEVIN C. GATES
Notary Public - State of Kansas
My Appt. Expires 3/13/04

Form CP-4
Revised 05-88

OR