

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

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

NOV 01 2001

API NUMBER 15-007-01088-00-00

LEASE NAME Donovan

WELL NUMBER 1

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

4290 Ft. from SN Line of Section (circle one)

3630 Ft. from EW Line of Section (circle one)

LEASE OPERATOR Pratt Well Service, Inc.

SPOT LOCATION _____

ADDRESS P.O. Box 847

SEC. 12 TWP. 34S S. RGE 13 (E) or (W)

CITY, STATE, ZIP Pratt, KS 67124

COUNTY Barber

PHONE#(620) 672-2531 OPERATORS LICENSE NO. 5893

Date Well Completed _____

Character of Well gas
(Oil, Gas, D&A, SMD, Input, Water Supply Well)

Date Plugging Commenced 9-12-01

Date Plugging Completed 9-12-01

The plugging proposal was approved on _____ (date)

by _____ (KCC District Agent's Name)

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

Producing Formation(s) _____ Depth to Top _____ Bottom T.D. 4775

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	PULL OUT
				5 1/2"		61 Jts

Described 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.

To location, pulled polish rod, rod subs, rods, tubing subs, tubing, pump, gas anchor, seating nipple and mud anchor. Dumped 165 gallons river sand down well and 65 BBLS. water. Dumped 55 gallons sand and loaded w/ 75 BBLS water. Mixed & spotted 5 sx cement on top. Rigged up loggers and shot off pipe @ 1995'. Pulled 61 Jts - 5 1/2" casing. Rigged up cementers and spotted 50 sx cement. Spotted 50 sx cement and loaded hole w. cement. LOGGERS - - 1st plug 600', loaded hole w/ 10 sx gel & pumped 50 sx cement; 2nd plug 300', pumped 50 sx cement; 3rd plug pumped 10 sx cement. 66 bags Comman A - 44-Pozmix - 16-gel

(If additional description is necessary, use BACK of this form.)

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, Production Clerk

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

JULIE A. HARGIS
Notary Public - State of Kansas
My Appt. Expires 9-27-04

SUBSCRIBED AND SWORN TO before me this 30 day of October, ~~2001~~ 2001

Julie A. Hargis
Notary Public

RECEIVED

My Commission Expires: 9-27-04

NOV 02 2001

KCC WICHITA

Form CP-4
Revised 12-9

OR