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OCT 18 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

Form CP-1
September 2003
This Form must be Typed
Form must be Signed
All blanks must be Filled

API # ⁰⁹⁵ 15- ~~09~~ - 0150800-01 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date July 12 1960

Well Operator: RAKESTRAW Bros LLC KCC License #: 32215
(Owner / Company Name) (Operator's)

Address: 4566 N.E. PARALLEL ROAD City: EL DORADO

State: KANS. Zip Code: 67042 Contact Phone: (316) 722-4018

Lease: VORAN C* SWD Well #: 3 Sec. 27 Twp. 29 S. R. 7 East West

SE-NW-SE Spot Location / QQQQ County: KINGMAN

1725 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

1659 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: Oil Well Gas Well D&A Cathodic Water Supply Well
 SWD Docket # D07924.0 ENHR Docket # _____ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 8 5/8 Set at: 403' Cemented with: 275 Sacks

Production Casing Size: 5 1/2 Set at: 4646 Cemented with: 300 Sacks

List (ALL) Perforations and Bridgeplug Sets: OPEN HOLE

Elevation: 1519 ¹⁵²² (G.L. / K.B.) T.D.: 5004' PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): Per KCC Rules & Regs

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

If not explain why? _____

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.

List Name of Company Representative authorized to be in charge of plugging operations: CURT RAKESTRAW

Phone: (316) 722-4018

Address: 11403 BURTON City / State: WICHITA KANS 67209

Plugging Contractor: _____ KCC License #: _____
(Company Name) (Contractor's)

Address: _____ Phone: ()

Proposed Date and Hour of Plugging (if known?): _____

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

Date: OCT-17-05 Authorized Operator / Agent: Curt Rakestraw
(Signature)