

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 # 15 - 185-23074 0000 (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 _____

Well Operator: LaVeta Oil & Gas (Owner / Company Name) KCC License #: 32432 (Operator's)

Address: BOX 780 City: Middleberg

State: Va. Zip Code: 20118-0780 Contact Phone: (540) 687 - 3525

Lease: RICHARDSON Well #: 1A Sec. 36 Twp. 22 S. R. 12 East West

SE SE SE Spot Location / QQQQ County: STAFFORD

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

330 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 # _____ ENHR Docket # _____ Other: _____

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

Surface Casing Size: 8 5/8 Set at: 337 Cemented with: U/N Sacks

Production Casing Size: 5 1/2 Set at: 3324 Cemented with: 125 Sacks

List (ALL) Perforations and Bridgeplug Sets: 2772-81

Elevation: 1822 (G.L. / K.B.) T.D.: 3324 PBDT: 2850 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): AS KCC REQUIRES

RECEIVED
SEP 30 2004
KCC WICHITA

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: BEN GRIFFIT

Phone: (540) 687 - 3525

Address: BOX 780 City / State: MIDDLEBERG VA 20118

Plugging Contractor: QUALITY WELL SERVICE (Company Name) KCC License #: 31925 (Contractor's)

Address: 401 W MAIN LYONS KS 67554 Phone: (620) 727 - 3410

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

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

Date: 9/25/04 Authorized Operator / Agent: [Signature] (Signature)

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