

LEASE NAME Weir

WELL NUMBER A-2

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

4620 Ft. from S Section Line

4620 Ft. from E Section Line

SEC. 3 TWP. 29 RGE. 11 (E) or (W)

LEASE OPERATOR Kansas Petroleum, Inc.

COUNTY Pratt

ADDRESS 225 N. Market St, Ste 310 Wichita, KS 67202

Date Well Completed 8/82

PHONE# (316) 267 2266 OPERATORS LICENSE NO. 5023

Plugging Commenced 2/2/94

Character of Well Good

Plugging Completed 2/3/94

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

The plugging proposal was approved on 1/19/94 (date)

by Richard Lacy (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, Is well log attached? _____

Producing Formation Indian Cave Depth to Top 2634 Bottom 2660 T.O. 2700

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
Indian Cave	Gas & Water	2631	2668	8 5/8	347	0
				4 1/2	2698	1540

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 plug were used, state the character of same and depth placed, -from feet to feet each set Sand back to 2540'. Spot 4 sacks cement on top of sand. Load hole w/mud laden fluid cut off & pull 1540' - 4 1/2" casing. Cement w/300# hulls, 10 sks gel, 50 sks cement 10 sks gel, 100# hulls, 8 5/8" rubber wiper plug, 100 sks cement. Shut down pump pressure 200#. All cement 60/40 POZ, 2% gel. Steve Durant KCC Dodge City witnessed plugging. Found cement 22' below surface. Cut off 8 5/8" casing 5' below ground level.

Name of Plugging Contractor Pratt Well Service License No. 5893

Address P.O. Box 847, Pratt, KS 67124-0847

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Kansas Petroleum, Inc. STATE CORPORATION COMMISSION

STATE OF Kansas COUNTY OF Butler, ss.

Warren E. Richardson (Consultant) (Employee of Operator) or (Operator) of

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well, and that the same are true and correct, so help me God.

(Signature) Warren E. Richardson

(Address) 2907 Lakeshore Dr. Augusta, KS 67010

SUBSCRIBED AND SWORN TO before me this 7 day of February, 19 94

E. Jane Richardson
 Notary Public

My Commission Expires: 5/19/94

USE ONLY ONE SIDE OF EACH FORM

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67203

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____-_____-_____-_____- SPOT LOCATION/QQQQ COUNTY _____

_____- FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____- FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

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:

_____- PHONE# () _____

ADDRESS _____ City/State _____

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: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)