

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2014
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-151-21249-0000

LEASE NAME Healey

WELL NUMBER #2

960' Ft. from S Section Line

240' Ft. from E Section Line

SEC. 5 TWP. 28S RGE. 15W (E) or (W)

COUNTY Pratt

Date Well Completed u/k

Plugging Commenced 5-8-03

Plugging Completed 5-9-03

RECEIVED
MAY 09 2003
KCC WICHITA

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

LEASE OPERATOR Pratt Well Service, Inc.

ADDRESS P.O. Box 847 Pratt, KS 67124

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

Character of Well oil

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

The plugging proposal was approved on 3-9-00 (date)

by _____ (KCC District Agent's Name).

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

Producing Formation Mississippian Depth to Top 4620 Bottom 4626 T.D. 4729

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
surface pipe	cement w/ 275	463	0	8 5/8"	463'	0
mississippian	4 1/2"	4729	0	4 1/2"	4729'	2253'

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. Set CIBP @ 4570', dumped 2sx cement, cut off casing @ 2614, would not come loose. Cut casing @ 2253' casing free. PULLED 4 1/2" up to 800, spotted 70 sx get. 150 sx 60/40 6% get. pulled to 500 spotted 50 sx cement, pulled to 40' and filled w/ 20 sx to surface. Cement drop 30'. Filled surface pipe with gravel and topped off w/ cement.

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.

Kenneth C. Gates, President (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 the the same are true and correct, so help me God.

(Signature) Kenneth C. Gates

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

SUBSCRIBED AND SWORN TO before me this 5 day of May, 192003

Amy Robertson
Notary Public

My Commission Expires: 3-13-04

AMY S. ROBERTSON
Notary Public - State of Kansas
My Appt. Expires 3-13-04

Form CP-4
Revised 05-88