

LEASE NAME DICK

WELL NUMBER ONE

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

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

1140 Ft. from EN Line of Section (circle one)

LEASE OPERATOR Pratt Well Service Inc.

SPOT LOCATION 150 E. C. E/2.

ADDRESS Box 847

SEC. 21 TWP. 20S RGE 9W (E) or (W)

CITY, STATE, ZIP Pratt, Kansas 67124

COUNTY RICE

PHONE# (316) 672-2531 OPERATORS LICENSE NO. 5893

Date Well Completed March 10 '99

Character of Well Oil

Date Plugging Commenced March 10 '99

☒ Gas, D&A, SMD, Input, Water Supply Well)

Date Plugging Completed March 23 '99

The plugging proposal was approved on March 4, 1999 (date)

by Jack Luthie District #2 (KCC District Agent's Name)

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

Producing Formation(s) Perfs 3229' to 3221' Depth to Top 1717 KB Bottom T.D. 3334

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
	Surface Casing	0'	310'	8 5/8"	310'	0'
	Production Casing	0'	3259'	5 1/2"	3259'	1310'

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.

March 5 '99 - Back Filled Sand to 3170' - Dumped 5 sx Cement

March 10 '99 - Shot 5 1/2" Casing off at 1310' - Pulled and laid down total of 31 ft's.

March 23 '99 - Filled Hole back up w/ Water - Ran tubing to 1250', Acid Services pumped 35 sx

Cement, Pulled Tubing up to 750' pumped 35 sx Cement, Pulled tubing up to 360' pumped cement to Surface.
(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, Kansas 67124

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Pratt Well Service, Inc.

STATE OF Kansas COUNTY OF Pratt, ss.

Stephen E. Hart / Office Manager (Employee of Operator or (Operator) of above-described well, being first
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) Stephen E. Hart / Pratt Well Service

(Address) Box 847, Pratt, Kansas 67124

SUBSCRIBED AND SWORN TO before me this 9th day of April, 1999

My Commission Expires: 06/19/00

Notary Public
KENNETH W. FURGASON
Notary Public - State of Kansas
My Appt. Expires 06/19/00

RECEIVED
STATE CORPORATION COMMISSION
4-13-99
APR 13 1999

CONSERVATION DIVISION
Wichita, Kansas
Form CP-4
Revised 12-5