

STATE OF KANSAS
STATE CORPORATION COMMISSION
10 S. Market, Room 2078
Topeka, KS 67202

WELL PLUGGING RETURN
K.A.R.-82-3-117

API NUMBER 15-185-10893-0000

LEASE NAME GATES 2

WELL NUMBER A-6

 Ft. from S Section Line

 Ft. from E Section Line

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

KANSAS CORP COMM

EASE OPERATOR PRATT WELL SERVICE INC. SEC. 3 TWP. 22 RGE. 13W (E) or (W)

ADDRESS P O BOX 847 PRATT KS 67124 4-9-98 COUNTY STAFFORD

PHONE (316) 672-6520 OPERATORS LICENSE NO. 5893 Date Well Completed 2-1-1953

Character of Well Plugging Commenced 4-2-1998

Oil, Gas, D&A, SWD, Input, Water Supply Well Plugging Completed 4-2-1998

The plugging proposal was approved on (date)

by RICHARD LACEY (KCC District Agent's Name).

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

Producing Formation KANSAS CITY Depth to Top Bottom T.D. 3265'

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
				5 1/2"	3630'	
				2 1/2"	3510'	

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 pluger used, state the character of same and depth placed, from feet to feet each section.
MIXED 25 SX GEL SPACER W/250# HULLS FOLLOWED BY 20 SX 60/40 6% CFW/50# HULLS AT 3510'
DISPLACED W/5 SX GEL AND 3 BBLs. WATER. PULLED TEG TO 700', CIRCULATED CEMENT TO SURFACE WITH
90 SX 60/40 6% GEL, 2% CC. PULLED TUBING, TOPPED CASING WITH 15 SX CEMENT. HOOKED TO BACKSIDE
AND PRESSURED TO 1500#.

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.

DOROTHY M FURGASON (Employee of Operator) or (Operator)
above-described well, being first duly sworn on oath, says: That I have knowledge of the fact
statements, and matters herein contained and the log of the above-described well as filed in
the same are true and correct, so help me God.

(Signature) Dorothy M Furgason

(Address) P O BOX 847 PRATT KS 67124

SUBSCRIBED AND SWORN TO before me this 8TH day of APRIL, 19 98

Kenneth W. Furgason
Notary Public

My Commission Expires: 06/19/00

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

Form CP-
Revised 05-8