

Notice: Fill out COMPLETELY
and return to Conservation Division at
the address below within
60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1034240

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

K.A.R. 82-3-117

OPERATOR: License #: 7160
Name: Wrestler, David L., a General Partnership
Address 1: 1776 GEORGIA RD
Address 2: _____
City: HUMBOLDT State: KS Zip: 66748 + 1500 _____
Contact Person: Dave Wrestler
Phone: (620) 473-2324
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____
☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____
Is ACO-1 filed? ☐ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No
Producing Formation(s): List All (If needed attach another sheet)

API No. 15 - 15-001-29945-00-00
Spot Description: _____
NW NW NW SW Sec. 15 Twp. 24 S. R. 19 ☐ East ☐ West
2475 Feet from ☐ North / ☐ South Line of Section
165 Feet from ☐ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: Allen
Lease Name: Meiwes Well #: 1
Date Well Completed: 12/6/2009
The plugging proposal was approved on: 12/07/2009 (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 12/07/2009
Plugging Completed: 12/07/2009

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		surface	8	20	

Describe in detail the manner in which the well is 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 depth placed from (bottom), to (top) for each plug set.

DRY HOLE

Plugging Contractor License #: 31519 Name: Jackson, Leland dba Lone Jack Oil Co.
Address 1: 509 E WALNUT ST Address 2: _____
City: BLUE MOUND State: KS Zip: 66010 + 9428 _____
Phone: (913) 756-2307
Name of Party Responsible for Plugging Fees: David L. Wrestler
State of kansas County, allen, ss.
David Wrestler ☐ Employee of Operator or ☐ Operator on above-described well,
(Print Name)

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 is as filed, and the same are true and correct, so help me God.

Submitted Electronically

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