

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

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 #: | | | API N | o. 15 | | | |
|---|---------------------------------------|---------------------------------|--------------------|--|--------------------------|----------------------|--|
| Name: | | | | Spot Description: | | | |
| Address 1: | | | | Sec Twp S. R East West | | | |
| Address 2: | | | | Feet from North / South Line of Section | | | |
| City: | | | | Feet from East / West Line of Section | | | |
| Contact Person: | | | | Footages Calculated from Nearest Outside Section Corner: | | | |
| Phone: () | | | | ☐ NE ☐ NW ☐ SE ☐ SW | | | |
| Type of Well: (Check one) | | OG D&A Cathodic | Coun | ty: | | | |
| Water Supply Well Other: SWD Permit #: | | | Lease | Lease Name: Well #: | | | |
| ENHR Permit #: Gas Storage Permit #: | | | Date | Date Well Completed: | | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | The plugging proposal was approved on: (Date) | | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | by: (KCC District Agent's Name) | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | |
| Depth to Top: Bottom: T.D | | | I Pluaa | I Plugging Completed: | | | |
| Depth to | lop: Botto | om:T.D | | | | | |
| Show depth and thickness of a | all water oil and gas form | ations | | | | | |
| Oil, Gas or Water | | 1 | Casing Record (| Surface, Conductor & Prod | luction) | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | |
| - Cimaucii | Comen | - Cuomig | 0.20 | Cottuing Doptin | | | |
| | | | | | | | |
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| | | | | | | | |
| cement or other plugs were us | ed, state the character of | same depth placed from (bott | tom), to (top) for | each plug set. | | | |
| Plugging Contractor License #: | | | Name: | ε | | | |
| Address 1: | | | Address 2: | | | | |
| City: | | | State: | | Zip: | + | |
| Phone: () | | | | | | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | | |
| State of | County, | | , SS. | | | | |
| | | | | Employee of Operator or | r Operator on abov | /e-described well, | |
| being first duly sworn on oath, | (Print Name) says: That I have knowle | dge of the facts statements. ar | nd matters hereir | n contained, and the log o | of the above-described w | ell is as filed, and | |

Submitted Electronically

Summary of Changes

Lease Name and Number: PAGENKOPF 2

API/Permit #: 15-115-21135-00-00

Doc ID: 1039300

Correction Number: 1

| Field Name | Previous Value | New Value |
|--|----------------|-----------|
| Number of Feet East or West From Section Line | 1380 | 1335 |
| Number of Feet North or South From Section | 1980 | 2002 |
| Line Quarter Call 3 | E2 | NE |
| Quarter Call 4 - Smallest | E2 | SE |