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

1040934

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

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

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	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) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	County: Well #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name)
Depth to Top: Bottom: Depth to Top: Bottom: Depth to Top: Bottom:	Plugging Commenced:

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

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.

Plugging Contractor License #:		Name:	Name:				
Address 1:		Address 2:					
City:		State:	Zip:	+			
Phone: ()							
Name of Party Responsible for Plu	ugging Fees:						
State of	County,	, SS.					
	(Print Name)		tor or Operator on ab				
		statements, and matters harain contained, and the					

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

CMI Gardner 790 E. Warren Gardner, KS 66030 Phone: 913-856-8122 Fax: 913-856-8439 Invoice # 57382 Taken On : 07/15/2010 at 02:29 PM Date Printed: 07/15/2010 at 02:29:06 PM ShipTo CASH SALE Sold To CASH SALE Tax Category: (11) Taxable Sales (9.025%) Account # 1545 Account Rep: (4) Alma White Ordered By : Sales Clerk : (1) Mike Peterson PO # Qty Ord Qty Ship UOM Item Number Unit Price Description Extended 42 Each P0000 PORTLAND 94#-TYPE 1 GRAY 10.19 427.98 42 Cash: \$466.61 Credit Card : \$0.00 \$0.00 On Account : \$0.00 \$427.98 Check : SubTotal : \$38.63 Tax (9.025%) Total : \$466.61 Tendered : \$466.61

All Invoices Are Due And Payable by August 10. Late Payment May Result in a Service Charge of 1.5000% (Min \$0.50)

Page: 1

\$0.00

\$0.00

Change Due :

Amount Due :