Form CP-111 March 2009 Form must be Typed Form must be signed

Phone 620.432.2300

Phone 785.625.0550

Phone 316.734.4933

## All blanks must be complete

| OPERATOR: License#   |              |   |                   |                  | API No. 15-  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
|--|--------------|---|-------------------|------------------|--|--------------|-------------|------------------|------------|--------------------|--------------------|--|-----------|---------|---|------------|-------|-------------|---|-----------------|--|--------|--|
| Name:  |              |   |                   |                  | Spot Description:  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Address 1:   |              |   |                   |                  |  |              |             | Twp S.           |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Address 2:   |              |   |                   | _                |  |              |             | _ feet from _    | N / 🔲      | S Line of          | f Section          |  |           |         |   |            |       |             |   |                 |  |        |  |
| City:  | State:       | Zip:  | _ +               |                  |  |              |             | _ feet from _    |            | W Line of          | f Section          |  |           |         |   |            |       |             |   |                 |  |        |  |
| Contact Person:  |              |   |                   |                  | GPS Location: Lat:, Long:  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Phone:()   |              |   |                   |                  | Lease Name: Well #:  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Contact Person Email:  |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Field Contact Person Phone: ( )  |              |   |                   |                  | Well Type: (check one)  Oil  Gas  OG  WSW  Other:  ENHR Permit #:  ENHR Permit #:  Spud Date:  Date Shut-In: |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   | Spud       | Date: |             |   | Date Shut-In: _ |  |        |  |
|  |              |   |                   |                  |  |              |             |                  |            |                    |                    |  | Conductor | Surface | Э | Production |       | Intermediat | е | Liner           |  | Tubing |  |
| Size   |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Setting Depth  |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Amount of Cement   |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Top of Cement  |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Bottom of Cement   |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| One in a Florid Laurel   |              | D-4   | 2                 |                  |  |              |             | Data             |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Casing Fluid Level:  |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Casing Squeeze(s):   | (bottom)     |   | 20110 01 00111011 | (top)            | (bc  | ottom)       |             | 0.00.00          |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Do you have a valid Oil & Gas  | s Lease?     | No  |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Depth and Type:   Junk in  | Hole at      | Tools in Hole                                 | at                | Casing Leal      | ks: 🗆 Y  | ∕es ∏No □    | Depth of ca | sing leak(s):    |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              |   |                   |                  |  |              |             |                  |            |                    | f cament           |  |           |         |   |            |       |             |   |                 |  |        |  |
| Type Completion: ALT. I  |              |   |                   |                  |  |              |             | (depth)          | /          | 3ack 0             | i cemen            |  |           |         |   |            |       |             |   |                 |  |        |  |
| Packer Type:   | Size:        |   |                   | Inch Set at: _   |  |              | Feet        |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Total Depth:   | Plug Bad     | ck Depth:                                     |                   | Plug Back        | Method:  | :            |             | -                |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Geological Data:   |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Formation Name Formation Top Formation Base                              |              |   |                   |                  | Completion Information   |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              | ·   |                   |                  | foration Interval to Feet or Open Hole Interval  |              |             |                  |            |                    | Feet               |  |           |         |   |            |       |             |   |                 |  |        |  |
|  | At:          | to  | Feet              | Perforation Inte |  |              |             | Open Hole Inter  |            | to                 | Feet               |  |           |         |   |            |       |             |   |                 |  |        |  |
| ·  | At           | 10  | 1661              | renoration into  | 51 Val   | 10           | _ 1 661 01  | Open Hole linter | vai        | 10                 | 1 661              |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              | S   | uhmitted          | Electroni        | cally  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              | 0   | ubiliilleu        | LICCTION         | Jany   |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Do NOT Write in This Date Tested: Results:                               |              |   |                   |                  |  | Date Plugge  | d: Dat      | e Repaired: Da   | ate Put B  | ack in Serv        | rice.              |  |           |         |   |            |       |             |   |                 |  |        |  |
| Space - KCC USE ONLY   | Date Toolea. |   | rtoodie           | <b>.</b>         |  | Date i lagge | a. Dat      | o respanse.      | ato i at b | 301 111 001 1      | 100.               |  |           |         |   |            |       |             |   |                 |  |        |  |
| •  |              |   |                   |                  |  |              |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| Review Completed by:   |              |   |                   | Comments:        |  |              |             | TA Appro         | oved: Ye   | s Den              | ied                |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              |   |                   |                  |  |              | · ·         |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              | Mail to                                       | the Appropr       | riate KCC Co     | nservat  | ion Office:  |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |              |   |                   |                  |  |              |             |                  | Phon       | Phone 620.225.8888 |                    |  |           |         |   |            |       |             |   |                 |  |        |  |
|  |              | KCC District Office #2 - 3450 N. Rock Road, B |                   |                  |  |              |             |                  |            |                    | Phone 316.630.4000 |  |           |         |   |            |       |             |   |                 |  |        |  |
| name one time the band that they have                                    | luga man     |   |                   | · · ,            | - ,  | ,            |             |                  |            |                    |                    |  |           |         |   |            |       |             |   |                 |  |        |  |

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651