

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

1053817

Employee of Operator or Operator on above-described well,

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

OPERATOR: License #:			2-3-117 I	API No. 15	_			
OPERATOR: License #:				Spot Description:				
				- 1		Twp S. R East	Most	
Address 1:					Sec Feet fron			
City:					Feet from			
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW			
Type of Well: (Check one)	I Well Gas Well	OG D&A Cathodi	С	Country				
Water Supply Well Other: SWD Permit #:				County: Well #:				
ENHR Permit #:	age Permit #:				vveii #			
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No		•	proved on:	(Date)	
Producing Formation(s): List All	(If needed attach another	sheet)				(KCC District Agent's	s Name)	
Depth to Top: Bottom: T.D								
Depth to Top: Bottom: T.D				Plugging Completed:				
Depth to	Top: Bottor	m:T.D		r rugging O	ompleted			
Show depth and thickness of al			0 ' 5	2 //2 /	0 1 1 0 5			
Oil, Gas or Water I				Record (Surfac	ce, Conductor & Proc	,		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner in cement or other plugs were use		-		•		ods used in introducing it into the	hole. If	
Plugging Contractor License #:								
Address 1:			Address	2:				
City:				State:				
Phone: ()								
Name of Party Responsible for	Plugging Fees:							
State of	County, _			, SS.				

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.

(Print Name)