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

1054293

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

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

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: | | |
|---------------------------------------|---|---|---------------------------|----------------------|
| Address 1: | | Address 2: | | |
| City: | | State: | Zip: | + |
| Phone: () | | | | |
| Name of Party Responsible for Plug | gging Fees: | | | |
| State of | County, | , SS. | | |
| | (Print Name) | | or or Operator on abo | |
| haing first duly sugars an asthe says | That I have be availed as a fith a factor | statements, and matters barain contained, and the l | on of the chour departhed | wall in an filed and |

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