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

1055370

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: | |
| 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 #: Is ACO-1 filed? Yes 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) | County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plugg |

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 Se | | 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 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

| CONSOLIDATED ON West Services, LLC | | | | | TICKET NUMBER30486 | | | | |
|--|-----------------|-------------------|----------------------|-----------------|--------------------|----------------|------------------|--------------------|-------------|
| | | | | LOCATION OAKAy | | | | | |
| | | | | | | FOREN | AAN <u>K</u> | WIN MCOY | |
| PO Box 884, C | hanute, KS 6672 | | LD TICKET | | TMENT REP | | | | |
| 620-431-9210 DATE | or 800-467-8676 | | | CEMEN | TAPI IS- | 71-00 | <u>0.2</u> 0 - 0 | 0-0/ | <u></u> |
| | | | L NAME & NUME | | SECTION | TOW | NSHIP | RANGE | COUNTY |
| 4-28-11 CUSTOMER | 2945 | Christ | y # 1-32 | 2 | 32 | 18- | | 31 W | Scott |
| FIML NATURAL Resources, a | | Ll.c | Cheyenne | TRUCK # | | VER | TRUCK # | DRIVER | |
| MAILING ADDRI | ESS | • | | Well | 445 | Miles | - | | DIVITER |
| 410 17 | The St. Ste. | 520 | | Service | 528 T127 | 1 | 5 | Coney D | |
| CITY | | STATE | ZIP CODE | 1 | | | | 11-70 | |
| Denver | | Co. | 80202 | | | · · · · · | | | |
| JOB TYPE P7 | т. <u>А.</u> С | HOLE SIZE | | - HOLE DEPTH | | CASING | SIZE & V | EIGHT 41/2 | <u>م</u> |
| CASING DEPTH | L | DRILL PIPE | | TUBING 23 | /8 | | _ | OTHER | |
| SLURRY WEIGH | HT | SLURRY VOL_ | | WATER gal/s | k | CEMENT | LEFT In | CASING 1596 | |
| DISPLACEMEN | т | DISPLACEMEN | T PSI | MIX PSI | | DATE | | | |
| REMARKS: 54 | Fety Meetin | 93 CASING. | LOAK IN 4 | 120 N | 1800'. 23/8 | Tubing | 4 Pac | the Jot (| \$ 1609'. |
| Rest ANNON | W 0F 2 18 7 | 5 300 107. | Good lest. | 41/2 thom | 1609 75 6. | <u>L. 15 0</u> | K. E. | HABINSH IN. | Jection |
| RAK INTO | hole IN CASIN | 19 @ 3 BPM | @ 700 ASI. | . Mixed | 85 SKS CH | ss A" | <u>Center</u> | + uf 3% 0 | Acle IN |
| Mixing wate | 4. Hulls (50 | *) in the | LAST 20 SI | ts. Displi | re Cement a | N/ 7.ª | BILO | Aten = 1 B | SC Below |
| PACKEL. FIN | AL Pumping f | Resson 4/50 | PSI. ISIP | 100 PSI. W | art 15 minut | es. Pke | ISUM (| Equalized, | Pall Tubing |
| F PACKer. J | et CIBP IN | 41/2 @ 16 | 00 . TERFO | RATE 4 1 | oles @ 1596 | Rige | 1 to 1 | 41/2 CASING. | INJection |
| KAR 2 BPM | @600 NSI. 7 | <u>ump 80 sks</u> | <u>60/40 Por</u> | mix wf 4 | 16 Gel, Mix | 50 * . | Kils. | IN W/ FIRST | ARK+ 1 |
| AdditIONAL | 80 STS, When | s Hulls HA | PORTS PLACE | SON WEN | + + 1400 13 | V. Shot | f IN@ | 175 PS1. 1 | Aig up to |
| Additional BOSKS, When Hulls Hit Perfs PRESSON WENT to 1400 PSI. Shot IN @ 175 PSI. AIg up to ANNULUS OF 412 MIXed & Pamped 100 SKS 60/40 FORMIX w/ 4% BAL, Shut down ANNULUS Standing Full of Cement, Job Complete. Ris down. | | | | | | | | | |
| ACCOUNT | | | | | | | | | T |
| CODE | QUANITY | or UNITS | DE | SCRIPTION of | SERVICES or PR | DDUCT | | | TOTAL |
| 5401 | / | | PUMP CHARG | E | | | | 1250-00 | 1250-00 |
| 5406 | 40 | | MILEAGE | | | | | 5.00 | 200.00 |
| | | | | | | | | | |
| 1104 5 | 85 sk | 2 | CLASS A CEMENT | | | | | 16.80 | 1428.00 |
| 1/02 | 200 * | <u> </u> | CACLE 3% Squeeze Off | | | | | . 84 | 168.00 |
| 1105 | 50* | | Hulls | | / CASING | LEAK | | , 52 | 26.00 |
| | | | | | | | | | |
| 1131 | 260 51 | | 60/40 Poz | | ent | · | | 14.35 | 3731.00 |
| 1118 B | 900 * | | Gel 4% | | | | | .24 | 216.00 |
| 1105 | 50 * | | Hulls | | | | | . 52 | 26.00 |
| 5407 | | Toms | 40 miles L | BULK Dela | i. | | | 1.58 | 960.64 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | - | | <u> </u> | | | | | |
| | | | | JUIÃI | 2/ | | | | 8005.64 |
| | | | | | | | | Less 15% | 1200.85 |
| | | | [| | | | | Sub Total | 6804.79 |
| Ravin 3737 | t | <u> </u> | | THANK Y |)u | |] | SALES TAX | 394.72 |
| | C 0 1 | June | 1 | ^ | | | | ESTIMATED TOTAL | 7199.51 |
| AUTHORIZTION | C. L.U | Uner | m | | | | | DATE | |

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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.