



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1056617
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

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

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 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)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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 Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Cement Report

Customer: Odyssey Energy	Lease No.:	Date: 4/23/11
Lease: Lanhee Ext.	Well #: 3-4	Service Receipt:
Casing:	Depth:	County: Merick State: KO
Job Type: PTH	Formation:	Legal Description: 4-34-29

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead 1604K @ 416' PTH
Depth	Depth	From	To	@ 13.5#
Volume	Volume	From	To	1.50 cu ft / SK @ 416' PTH
Max Press	Max Press	From	To	1.50 cu ft / SK
Well Connection	Annulus Vol.	From	To	Tail in
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
21:30					on loc, spot trucks, setting
23:20	12	100	10	4	Run 1120 spur
23:24		100	0	5	Stuck 60K @ 416' PTH @ 13.5# SK
23:27		100	13.3	2	Run 4120 spur
23:30		100	2	5	Annul
23:31		100	17	-	Shut down Pull to 416'
05:11					
05:15		50	10	4	1120 spur
05:41		50	0	5	Stuck 416' @ 13.5#
05:55		0	11.6	4	Run 2120
06:54		0	2	-	Shut down Pull to 60'
07:25		0	0	4	Stuck 20' @ 13.5#
07:30		0	5.3	-	Shut down Pull PTH
07:40		0	0	0	Plug PTH
07:50		0	0	0	Wash up PTH
07:55		0	0	0	Job Complete!

Service Units: 190765	7016319443	1425519517
Driver Names: Ch...

Ray Parker Customer Representative
 Sam Booth Station Manager
 Robert... Cementer