

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

the same are true and correct, so help me God.

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #: _			API No	API No. 15							
Name:				Spot Description:							
Address 1:				Sec	Twp S. R East	West					
Address 2:				Feet from	North / South Line o	f Section					
City:	State:	Zip: +		Feet from	East / West Line o	f Section					
Contact Person:			Footag	ges Calculated from Nea	rest Outside Section Corner:						
Phone: ()				□ NE □ NW	SE SW						
Type of Well: (Check one)	Oil Well Gas We	II OG D&A Catl	hodic								
Water Supply Well	Other:	SWD Permit #:									
ENHR Permit #:		as Storage Permit #:			Well #:						
Is ACO-1 filed? Yes	No If not, i	s well log attached? Yes		•	proved on:						
Producing Formation(s): L					(KCC District Agen	, ,					
	•	Bottom: T.D									
•	•	Bottom: T.D	Pluggi	9							
		Bottom: T.D	Pluggi	Plugging Completed:							
Show depth and thickness	s of all water, oil and gas	formations.									
	/ater Records		Casing Record (Surface, Conductor & Prod	luction)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out						
Tomaton	Content	Odomig	GIZO	Cotting Deptin	1 diled out						
		ter of same depth placed from	•		ods used in introducing it into the	, , , , , , , , , , , , , , , , , , ,					
Plugging Contractor Licen	se #:		Name:								
Address 1:			Address 2:								
City:			State:								
Phone: ()											
Name of Party Responsib	le for Plugging Fees:										
State of	Cou	ınty,	, ss.								
		•		Employee of Operator of	r Operator on above-descri	hed well					
	(Print Nai			Employee of Operator of	Detailed on above-descri	Jou Well,					

Submitted Electronically

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

DRIVER UKE

MBER 3	PORT MAN CIAN MINTER	TOWNSHIP RANGE	DRIVER TRUCK# DRIVER NEWM Swipe 1 1/60	N al	CEMENT LEFT IN CASING RATE	Take hove Til		1/1	DOUCT UNIT PRICE TOTAL	9	165.00	SE EMM	43.40			SALES TAX SZZZ ESTIMATED 1469.96	PATE PATE TO STATE OF THE PATE
	TREATM	Suha S-106 SW 16	TRUCK# ZIF CODE	TE 55/8 HOLE DEPTH 478	NT PSI	of the pot plus to be su	438K total		DESCRIPTION of SERVICES OF PRODUCT	PUMP CHARGE MILEAGE	ten miles	50/60/02	861			End THE	terms, unless specifically amended in writing on the front of the factors of the
CONSOLIDATED OFFICE SERVICES LEG	PO Box 884, Chanute, KS 66720 620-431-9210 or 800-487-8676 DATE CISTOMED #	7823	FESS W AS 7	\$	DISPLACEMENT DISPLACEMENT REMARKS: Teld Con Con Miles	2000	Town water	halving (1) was	CODE CODE CODE	2000	13 or 1	1124 43			T.	The state of the s	l acknowledge that the payment terms, unless sp