

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

1068133

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 #: 5316

Name: Falcon Exploration, Inc.

Address 1: 125 N MARKET STE 1252

Address 2: _____

City: WICHITA State: KS Zip: 67202 + 1719

Contact Person: CYNDE WOLF

Phone: (316) 262-1378

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)

MORROW Depth to Top: 5116 Bottom: 5122 T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-025-21363-00-00

Spot Description: _____

SE NW NW SE Sec. 5 Twp. 32 S. R. 21 ☐ East ☒ West

2158 Feet from ☐ North / ☒ South Line of Section

2086 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Clark

Lease Name: HARDEN Well #: 1-5

Date Well Completed: 07/31/2006

The plugging proposal was approved on: 10/24/2011 (Date)

by: STEVE DURRANT (KCC District Agent's Name)

Plugging Commenced: 10/24/2011

Plugging Completed: 10/26/2011

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
<u>MORROW</u>	<u>GAS</u>	<u>CONDUCTOR</u>	<u>1.66</u>	<u>82</u>	<u>0</u>
		<u>SURFACE</u>	<u>8.625</u>	<u>684</u>	<u>0</u>
		<u>PRODUCTION</u>	<u>5.5</u>	<u>6532</u>	<u>3300</u>

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.

SET CIBP AT 5060'. SPOT 2 SX CEMENT ON PLUG. ALLIED SET PLUGS AT 1020' W/50 SX, 750' W/75 SX, 725' W/40 SX, 250' W/40 SX, 60/40 POZ, 4% GEL, 3% CC. AT SURFACE MIXED 20 SX CEMENT, CIRCULATE.

Plugging Contractor License #: 99996 Name: ALLIED CEMENT COMPANY

Address 1: 612 N CLAY AVE Address 2: _____

City: MEDICINE LODGE State: KS Zip: 67104 + _____

Phone: (620) 793-5861

Name of Party Responsible for Plugging Fees: FALCON EXPLORATION INC.

State of KANSAS County, SEDGWICK, ss.

CYNDE WOLF ☒ 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