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

1070738

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:	Sec Twp S. R East West
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 #: SWD Permit #: SWD 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.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Commenced:
Depth to Top: Bottom: T.D	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 S		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:	_ Name:								
Address 1:		Address 2:	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

aues ry Mader			K# DRIVER	4742 Ve5	0150 102 1010 102 121		ider	RICE TOTAL	1030.00	116.87		55.02				Ravin 8737 Ravin 8737 AUTHORIZTION Staphen Scorth TITLE DATE DATE DATE
TION OF A	RI		DRIVER TRUCK# DAN M Safe Arean Con	CASING SIZE & WEIGHT 57 7 CASING SIZE & WEIGHT 57 7 OTHER CEMENT LEFT IN CASING 72	ATE (ben 30 5K 55 F: [leck 1 . 24 Ceuro		A Com Ma	DUCT UNIT PRICE			10					SALE: ESTIM TO DATE
	FIELD TICKET & TREATMENT REPORT CEMENT	SW 12		EPTH 800	1 pumpel			DESCRIPTION of SERVICES or PRODUCT		:125 1265		201		Statelling	mho.	
			ZIP CODE		IENT PSI MIX PSI	a	200	DESCRIP	PUMP CHARGE	MILEAGE ton. M. 1 80 100		50/05				
Ou Well Services, LLC	0	T QUI H A M	HAUCH STATE	LURRY VOL	d even where PSI	SK tota	vell Jere	QUANITY or UNITS		87.22		49 262 #	, . ids			Stephen Scott
Sin	4, Cha 10 or	DATE CI	PDDRESS	LD DUALYS BUNS JOB TYPE DIA CASING DEPTH	DISPLACEMENT REMARKS: Held [145 690	707	<u>The second seco</u>	ACCOUNT	540 5N	5406 5407A	777	1124 1/18-B				Ravin 9737 AUTHORIZTION