

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

1078185

Employee of Operator or Operator on above-described well,

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

OPERATOR: License #:			2-3-11 <i>1</i>	API No. 15			
OPERATOR: License #:				Spot Description:			
				-1		Twp S. R East W	oct
Address 1:					Sec Feet fron		
City:					Feet from		
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				. 55.2955 5	NE NW		
Type of Well: (Check one)	I Well Gas Well	OG D&A Cathodi	С	Carratur			
Water Supply Well Ot	SWD Permit #:	SWD Permit #·		Well #:			
ENHR Permit #:	age Permit #:				vveii #	_	
Is ACO-1 filed? Yes	log attached? Yes	No		•	proved on: (Da		
Producing Formation(s): List All	(If needed attach another	sheet)				(KCC District Agent's Na	me)
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to	Top: Bottor	m:T.D		r lugging O	ompleted		_
							—
Show depth and thickness of al			<u> </u>	2 //2 /			\neg
Oil, Gas or Water Records				Record (Surface, Conductor & Production)			\dashv
Formation	Content	Casing	Size		Setting Depth	Pulled Out	\dashv
							\exists
							\dashv
Describe in detail the manner in cement or other plugs were use		-		•		nods used in introducing it into the hole	. If
Plugging Contractor License #:							
Address 1:			Address	2:			
City:				State:			- —
Phone: ()				_			
Name of Party Responsible for	Plugging Fees:						
State of	County, _			, SS.			

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.

(Print Name)