

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

1084888

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. 1 | 5 | | | |
|--|-------------------------------|----------------------------|-------------|--|------------------------|------------|-------------------------------------|--|
| Name: | | | | Spot Description: | | | | |
| Address 1: | | | | | Sec | Гwp S. | R East West | |
| Address 2: | | | | | Feet from | North / | / South Line of Section | |
| City: | | | | 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 Cathod | lic | County: | | | _ | |
| Water Supply Well Other: SWD Permit #: | | | | Lease Name: Well #: | | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | Date Well Completed: | | | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes N | | | | | | | (Date) | |
| Producing Formation(s): List A | All (If needed attach another | r sheet) | | | | | _(KCC District Agent's Name, | |
| Depth to | o Top: Botto | om: T.D | | Plugging | Commonand: | | , | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: Plugging Completed: | | | | |
| Depth to | o Top: Botto | om:T.D | | r lugging v | Completed | | | |
| | | | | | | | | |
| Show depth and thickness of | all water, oil and gas form | ations. | | | | | | |
| Oil, Gas or Water Records | | | Casing I | sing Record (Surface, Conductor & Production) | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | |
| | | | | | | | | |
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| | | | | | | | | |
| cement or other plugs were u | sed, state the character of | same depth placed from (bo | ttom), to (| top) for each | n plug set. | | | |
| Plugging Contractor License #: | | | Name: _ | | | | | |
| Address 1: | | | Address | 2: | | | | |
| City: | | | | State: | | Zip: | + | |
| Phone: () | | | | _ | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | | | |
| State of | County | | | SS. | | | | |
| | | | | | | | | |
| | (Print Name) | | | Em | ipioyee of Operator of | Operat | tor on above-described 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