

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 | o. 15 | | | | |
|---|-----------------------------|--|-----------------|---|----------------------|-----------------|--|--|
| Name: | | | | | | | | |
| Address 1: | | | | Sec | Twp S. R | East West | | |
| Address 2: | | | | Feet from | n North / South | Line of Section | | |
| City: State: Zip: + Contact Person: | | | | Feet from East / West Line of Section | | | | |
| | | | | Footages Calculated from Nearest 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 #: | | | | County: | | | | |
| ENHR Permit #: | | as Storage Permit #: | | Lease Name: Well #: | | | | |
| Is ACO-1 filed? Yes | No If not, i | s well log attached? Yes | | Date Well Completed: (Date) The plugging proposal was approved on: (Date) | | | | |
| Producing Formation(s): L | | | | | (KCC Distri | . , | | |
| | • | Bottom: T.D | | | | | | |
| • | • | Bottom: T.D | Pluggi | | | | | |
| | | Bottom: T.D | Pluggi | ng Completed: | | | | |
| | | | | | | | | |
| Show depth and thickness | s of all water, oil and gas | formations. | | | | | | |
| | /ater Records | | Casing Record (| Surface, Conductor & Prod | duction) | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | | |
| Tomaton | Content | Odomig | OIZC | Cetting Deptin | 1 diled out | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | plugged, indicating where the r ter of same depth placed from | • | | | | | |
| Plugging Contractor Licen | se #: | | Name: | | | | | |
| Address 1: | | | Address 2: | | | | | |
| City: | | | State: | | Zip: | _+ | | |
| Phone: () | | | | | | | | |
| Name of Party Responsib | le for Plugging Fees: | | | | | | | |
| State of | Cou | ınty, | , ss. | | | | | |
| | | • | | Employee of Operator of | or Operator on above | -described well | | |
| | (Print Na | | | Employee of Operator of | | acsonbed 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



1 of 4- wells

| TICKET NUMB | 36930 | |
|-------------|-----------|--|
| LOCATION | DHawe, KS | |
| FOREMAN | tin Greek | |

| PO | Box | 884. | Cha | nute, | KS | 66720 |
|----|-----|------|-----|-------|----|-------|
| | | | | | | 8676 |

FIELD TICKET & TREATMENT REPORT

| 20-431-9210 or 8 | 800-467-8676 | | | CEMEN | | | TOWNSLUB | DANCE I | COLINITY |
|--|--------------|----------------|-----------|-------------|-----------|---------------------|-----------------|------------|-----------|
| | USTOMER # | WELL N | AME & NUN | | SECT | | TOWNSHIP | RANGE | COUNTY |
| 09-19-12 9 | 1448 | Knabe | m | #10 | NE | STATE OF THE PARTY. | 14 | 22 | ゴン |
| CUSTOMER | 0 | | | 1 | TRU | The second second | DRIVER | TRUCK# | DRIVER |
| CUSTOMER MAILING ADDRESS | 345 Ke | cource; | CUL | - | 66 | | Jim bre | 11100111 | |
| MAILING ADDRESS | 11111 | C -11 | | | 360 | | And Mas | | |
| 93950 | w 110th | STATE Z | PCODE | - | 370 | | mile Hag | | |
| Overland | 20.0 | KS 6 | 6210 | | 55. | 8 | Bre man | | |
| JOB TYPE Plug | TO5 | HOLL OILL | 145" | | TH 24 | 0 | CASING SIZE & V | | 3" |
| CASING DEPTH | 740- | DRILL PIPE | | TUBING | | | | OTHER | |
| SLURRY WEIGHT_ | | | | | /sk | | CEMENT LEFT in | CASING | |
| | | DISPLACEMENT F | SI | MIX PSI | | | RATE | // | 1 0 |
| DISPLACEMENT_ REMARKS: HC SISK SULF FULL S | 1d crew | meeting. | Est | ablish | Circu | lario. | thrul, | MIX an | d pump |
| 58 SK 50/5 | osk Cer | neny wit | 6 2 | Gal, | full | 100 | of with c | ement, le | aving we. |
| 6.11 | PCL TOT | tal. Cir | culat. | ed cemi | ent 7 | 10 5 | urface | | |
| | | | | | | | | | |
| ACCOUNT | QUANITY | or UNITS | | DESCRIPTION | of SERVIC | ES or Pi | RODUCT | UNIT PRICE | TOTAL |
| 5405AU | 11 | F | UMP CHA | RGE Cen | nent | | | | 0300 |
| 5406 | | 7,5 | MILEAGE | Cement | 14 | 4 | | | 3000 |
| 5407A | 70 | F, 3 | Ton | Milage | 20% | 14 | | | 10493 |
| 5502C | 2 | | Vac | TK | | | | | 18000 |
| | | | | | | | | | |
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| 1124 | 58 | CH 5/50 | Poz | MIX Co | ement | - | | | 63510 |
| 11188 | 210 | P to | Frem | ium Gue | 1 | | | | 6675 |
| 1110 2 | | | | | | | | | |
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| | | | | | | | | - | 123 |
| | | | | | | | | SALES TAX | 5200 |
| Ravin 3737 | | | | | | | | ESTIMATED | 20996 |
| | 1 | The | | TITLE | | | | DATE | |
| ALITHOPIZTION | 1 100 | /// | | 11112 | | | | P/11- | |

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form