1107126

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

WELL PLUGGING RECORD

K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 30993
Name: M.A.E. Resources, Inc.
Address 1: PO BOX 304
Address 2:
City: PARKER State: KS Zip: 66072 + 0304
Contact Person: Terry Johnson
Phone: (913) 898-3221

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)*
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.

API No. 15 - 15-107-24471-00-00
Spot Description:
NE - NE - NW - NE Sec. 17 Twp. 21 S. R. 22 ☑ East ☐ West
5039 Feet from ☐ North / ☑ South Line of Section
1474 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Linn
Lease Name: FREAR Well #: 4
Date Well Completed: 7/20/2011
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 7/20/2011
Plugging Completed: 7/20/2011

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
		surface	7	20	

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.

Established rate. Mixed and pummped 10 sacks 50/50 Poz plus 6% gel to TD of hole. Pulled steel to 250 ft mixed and pumped 10 sacks more. Pulled to 50 ft filled hole to surface. Pulled steel out and topped off with cement

Plugging Contractor License #: 33961 Name: Consolidated Oil Well Services LLC
Address 1: 1322 S GRANT Address 2: PO BOX 884
City: CHANUTE State: KS Zip: 66720 + _ _ _ _
Phone: (620) 431-9210
Name of Party Responsible for Plugging Fees: M A E Resources, Inc
State of Kansas County, Linn , ss.
Becky Johnson *(Print Name)* ☑ Employee of Operator or ☐ Operator on above-described well,

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