

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

1107334

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. 15 | | | |
|---|------------------------------|-------------------------------|----------------------|--|-----------------------|-------------------|-------------------|
| Name: | | | | Spot Description: | | | |
| Address 1: | | | | Sec Twp 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 d | County: | | | |
| Water Supply Well | SWD Permit #: | | County: | | | | |
| ENHR Permit #: | Storage Permit #: | | Date Well Completed: | | | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | The plugging proposal was approved on:(Date) | | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | by: (KCC District Agent's Name) | | | |
| Depth to Top: Bottom: T.D | | | | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | | |
| | | | | | | | |
| Show depth and thickness of | f all water, oil and gas for | mations. | | | | | |
| Oil, Gas or Wate | er Records | | Casing Red | cord (Surf | ace, Conductor & Prod | luction) | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | |
| | | James G | | | 3 21 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| zement or other plugs were u | used, state the character | of same depth placed from (bo | ittom), to (top | i) for each | n plug set. | | |
| Plugging Contractor License #: | | | Name: | | | | |
| Address 1: | | | Address 2: | | | | |
| City: | | s | State: | | Zip: | + | |
| Phone: () | | | | | | | |
| Name of Party Responsible f | for Plugging Fees: | | | | | | |
| State of | County | /, | | , ss. | | | |
| | | | | Fm | plovee of Operator o | r Operator on abo | ve-described well |
| | (Print Name) | | | | picyco or operator o | Operator on abt | accombed 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