

**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

#### 1148800

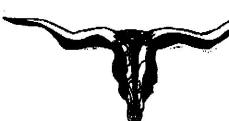
Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

## WELL PLUGGING RECORD K.A.R. 82-3-117

| Name:  | OPERATOR: License #:          |                                   |                             | A               | API No. 15 Spot Description:                             |                        |         |           |  |  |  |
|--|-------------------------------|-----------------------------------|-----------------------------|-----------------|--|------------------------|---------|-----------|--|--|--|
| State:   Zip:   +  |                               |                                   |                             |                 |  |                        |         |           |  |  |  |
| City:  | Address 1:                    |                                   |                             | _               |  | Sec T                  | wp S. R | East West |  |  |  |
| Contact Person:  | Address 2:                    |                                   |                             | _               | Feet from North / South Line of Section                  |                        |         |           |  |  |  |
| Phone: (   | City:                         | State:                            | Zip:+                       | _               | Feet from East / West Line of Section                    |                        |         |           |  |  |  |
| Type of Well: (Check one)  | Contact Person:               |                                   |                             | F               | Footages Calculated from Nearest Outside Section Corner: |                        |         |           |  |  |  |
| Water Supply Well   Other:   | Phone: ( )                    |                                   |                             |                 |  | NE NW                  | SE SW   |           |  |  |  |
| Water Supply Well   Other:   | Type of Well: (Check one)     | Oil Well Gas Well                 | OG D&A Cathodi              | ic c            | ounty:   |                        |         |           |  |  |  |
| ENIR Permit #:   | Water Supply Well             | Other:                            | SWD Permit #:               |                 |  |                        |         |           |  |  |  |
| As ACC1 filed?   | ENHR Permit #:                | Gas Sto                           | orage Permit #:             |                 |  |                        |         |           |  |  |  |
| Producting Formation(s): List All (If needed attach another sheet)    Depth to Top:  | Is ACO-1 filed? Yes           | No If not, is wel                 | Il log attached? Yes        |                 | · ·  |                        |         |           |  |  |  |
| Depth to Top: Bottom:T.D   | Producing Formation(s): List  | —<br>All (If needed attach anothe | r sheet)                    |                 |  | •                      |         |           |  |  |  |
| Depth to Top: Bottom:  | Depth to                      | o Top: Botto                      | om: T.D                     |                 |  |                        |         |           |  |  |  |
| 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  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 plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:   | Depth to                      | o Top: Botto                      | om: T.D                     |                 |  |                        |         |           |  |  |  |
| Oil, Gas or Weter Records  Casing Size Setting Depth Pulled Out  Content Casing Contractor License #:  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  State:  Zip:  +  Content  Name:  Address 1:  State:  State:  State:  Zip:  +  Content  Name:  County,  Name:  Name:  Name:  Address 2:  City:  State:  State:  Zip:  Address 2:  City:  State:  State:  Zip:  Address 3:  Name:  Name | Depth to                      | o Top: Botto                      | om:T.D                      |                 | lugging C  | Completed:             |         |           |  |  |  |
| Oil, Gas or Weter Records  Casing Size Setting Depth Pulled Out  Content Casing Contractor License #:  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  State:  Zip:  +  Content  Name:  Address 1:  State:  State:  State:  Zip:  +  Content  Name:  County,  Name:  Name:  Name:  Address 2:  City:  State:  State:  Zip:  Address 2:  City:  State:  State:  Zip:  Address 3:  Name:  Name |                               |                                   |                             |                 |  |                        |         |           |  |  |  |
| Formation Content Casing Size Setting Depth Pulled Out    Casing   Size   Setting Depth   Pulled Out   | Show depth and thickness of   | all water, oil and gas form       | ations.                     |                 |  |                        |         |           |  |  |  |
| 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 the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:   | Oil, Gas or Wate              | r Records                         |                             | Casing Rec      | ord (Surfa   | ace, Conductor & Produ | iction) |           |  |  |  |
| Plugging Contractor License #: Name:   | Formation                     | Content                           | Casing                      | Size            |  | Setting Depth          |         |           |  |  |  |
| Plugging Contractor License #: Name:   |                               |                                   |                             |                 |  |                        |         |           |  |  |  |
| Plugging Contractor License #: Name:   |                               |                                   |                             |                 |  |                        |         |           |  |  |  |
| Plugging Contractor License #: Name:   |                               |                                   |                             |                 |  |                        |         |           |  |  |  |
| Plugging Contractor License #: Name:   |                               |                                   |                             |                 |  |                        |         |           |  |  |  |
| Plugging Contractor License #: Name:   |                               |                                   |                             |                 |  |                        |         |           |  |  |  |
| Plugging Contractor License #: Name:   |                               |                                   |                             |                 |  |                        |         |           |  |  |  |
| Address 1: Address 2:  | cement or other plugs were u  | sed, state the character of       | same depth placed from (bot | ttom), to (top) | for each   | n plug set.            |         |           |  |  |  |
| City:  | Plugging Contractor License   | Name:                             | ne:                         |                 |  |                        |         |           |  |  |  |
| Phone: ( )  Name of Party Responsible for Plugging Fees:   | Address 1:                    |                                   |                             | Address 2:      |  |                        |         |           |  |  |  |
| Name of Party Responsible for Plugging Fees:   | City:                         |                                   |                             | S               | ate:   |                        | Zip:    | +         |  |  |  |
| State of, ss.  | Phone: ( )                    |                                   |                             |                 |  |                        |         |           |  |  |  |
|  | Name of Party Responsible for | or Plugging Fees:                 |                             |                 |  |                        |         |           |  |  |  |
|  | State of                      |                                   | SS.                         |                 |  |                        |         |           |  |  |  |
|  |                               |                                   |                             | ,               |  |                        |         |           |  |  |  |

**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



### A DIVISION OF ADVANCED DRILLING TECHNOLOSIES, LLC.

# LONGHORN CEMENTING CO.

YUMA, COLORADO 80789

| FIELD | SEI | RVICI | E TI | CKET |
|-------|-----|-------|------|------|
| 4     | MD  | INVO  | ICI  | :    |

|                                 |                                     |            |                  |                     | CHOKING: B | ((U-848        | -07 <b>44</b>                        | ax: 970-                              | Section — Section              |                                     | //=5 TU           | VET M   | n 226       | 6        |
|---------------------------------|-------------------------------------|------------|------------------|---------------------|------------|----------------|--------------------------------------|---------------------------------------|--------------------------------|-------------------------------------|-------------------|---|-------------|----------|
| DATE OF<br>JOB                  | DISTRICT                            |            |                  |                     |            |                | NEW COLD CHEPRO COUNTY WORK CHETCHER |                                       |                                |                                     |                   |   |             |          |
| CUSTOMER                        | RRI                                 |            |                  |                     |            |                | LEASE                                | -                                     | WELL                           |                                     | <u> </u>          | $\exists$   | ORDER N     | 0.:      |
| ADDRESS                         | V.A                                 |            |                  |                     |            |                |                                      | <u>K</u>                              | do                             | ph hel                              | has #2            | <u>.                                    </u>              | WELL NO     | ).       |
| OTTY SI                         | 110 63 1047 16                      |            |                  |                     |            | <b></b> ∤      | COUNTY Chayenne STATE KS             |                                       |                                |                                     |                   |   |             |          |
|                                 | Francis                             | STATE      |                  | <u> </u>            |            |                | SERVIC                               | E CREW                                |                                | Im +1                               | ik                |   |             |          |
| AUTHORIZED BY                   | Wan                                 |            | hon              |                     |            |                | EQUIP                                |                                       |                                | 5 +1711                             |                   |   |             |          |
| THE JOE: 17.                    | -A DEPTH                            | <u> π.</u> | SACKS            | BRAND               | TYPE       | _              | ORL DAY                              | : SAC                                 | (C)                            | TRUCK CALLE                         | 5                 |   | DATE AM     | TIME     |
| SIZE HOLE:<br>BIZE & WT. CASTIN | DEPTI-                              |            | 123              |                     | 1-11       |                |                                      |                                       | IAEO                           | ARRIVED AT JO                       | 8                 |   | AM          | 1 20 200 |
| SIZE & WT. D PIPE C             |                                     |            | 22.              | ļ                   | 1-1        | +              |                                      |                                       |                                | START OPERAT                        | ION               |   | AM<br>PM    |          |
| TOP PLUGS                       | TYPE                                |            | WEIGHT OF        |                     | 14.8       | LBB.           | /GAL                                 | L98.                                  | GAL.                           | FINISH OPERAT                       | 70N               |   | AM<br>PM    |          |
|                                 |                                     |            | VOLUME OF        | SLURRY<br>PACKS CEM |            | .32            |                                      | - As                                  |                                | RELEASED                            |                   |   | AM<br>PM    |          |
|                                 | MAX DEPTH                           | FI.        |                  |                     | PRESSURE   |                | 00                                   | % OF<br>P.S.I.                        |                                | MILES PROM S                        | TATION TO WEL     | L   |             |          |
|                                 |                                     |            | -                |                     |            |                | SIC                                  | SNED:                                 |                                | oed Drilling Techn<br>WELL OWNER, O | 98<br>            | TRACTO  | R OR AGENT  | )        |
| REF. NUMBER                     | MATERIAL, EQUIPMENT AND SERVICES US |            |                  |                     |            | S USI          | ED                                   | <u> </u>                              | UNIT QUANTITY UNIT PRICE \$ AN |                                     |                   |   | \$ AMOU     | TNL      |
|                                 | Pump                                | + Dep      | hch              | age                 | _          |                |                                      |                                       |                                |                                     | 2,000             | 100   | 2,000       | æ        |
| *                               | Cenner                              | <u> </u>   | 447              | ~                   |            |                |                                      |                                       | <u> </u>                       | /23                                 |                   | 50  | 2,15        | 2 52     |
|                                 | Comm                                | <u> </u>   | -7×              |                     |            |                |                                      |                                       |                                | 22                                  |                   | 50  |             | Σ        |
| ·                               |                                     | 8 Sh.      |                  |                     |            |                | -                                    |                                       | <del> </del>                   |                                     |                   |   |             |          |
|                                 |                                     |            |                  |                     |            |                |                                      |                                       | -                              |                                     |                   |   |             | -        |
| <del></del>                     |                                     |            |                  |                     |            |                |                                      |                                       |                                | -                                   |                   | +-1   |             |          |
| 1000 TO 1000                    |                                     |            |                  |                     |            |                |                                      | · · · · · · · · · · · · · · · · · · · | <del> </del>                   |                                     |                   | +   | <del></del> | +        |
|                                 |                                     |            |                  |                     |            |                |                                      |                                       |                                |                                     |                   | +   |             | +-       |
|                                 | Punsar                              | 98 SK      | 'S Alex          | at an               | nest       |                |                                      | (C)                                   |                                |                                     |                   | + +   |             | +-       |
| •                               | well Hell                           | . der      |                  | Casa                |            |                |                                      |                                       |                                |                                     |                   |   |             | +        |
| 2                               | Persent                             | 20 56      |                  | t Car               |            |                |                                      | 5,500                                 |                                |                                     |                   | 1   |             | -        |
|                                 | an TH                               | cosma      |                  |                     | _          |                | 10                                   | - 10                                  |                                |                                     |                   | 1   |             | +        |
| 3                               | Top job                             | on 44      | Z Ca-            | 3073                | 25         | \$ 5           |                                      |                                       |                                |                                     |                   | 1 1   |             | ╅        |
|                                 | Wea                                 | t con      | IC AN EXPERIENCE |                     |            | SEA VISIONALIA |                                      | 10.8                                  |                                |                                     | 77077 GYGG 187186 |   | 2           | 十        |
|                                 |                                     |            |                  |                     |            |                |                                      |                                       | 35/2                           |                                     |                   |   |             |          |
|                                 |                                     |            |                  |                     |            | -              |                                      |                                       |                                | 23                                  |                   |   |             | 1        |
| ACID DATA:                      |                                     |            |                  | 1                   |            |                |                                      |                                       |                                | No.                                 | SUB TO            | TAL   |             |          |
|                                 | TONS %                              | ADDITIV    | ES               | ]                   | Γ          | SERV           | /ICE &                               | EQUIF                                 | MENT                           | %T/                                 | X ON \$           |   |             | +        |
| HCL                             |                                     |            |                  | ]                   |            |                | RIAL                                 |                                       |                                |                                     | X ON \$           |   |             | 1        |
| HCL.                            |                                     | 200        |                  | ]                   | _          |                |                                      |                                       |                                |                                     |                   | TAL.  | 4,537       | 150      |
|                                 |                                     |            |                  |                     |            |                |                                      |                                       |                                |                                     |                   | 200 m 1860 10 1860 10 10 10 10 10 10 10 10 10 10 10 10 10 | 1001        | 10       |
| SERVICE                         |                                     |            |                  | Tru                 | E ABOVE    | E MAT          | EDIA:                                | NIC 05                                | C #05                          |                                     |                   |   |             |          |
| REPRESENTATI                    | VE I MAN HA                         | -7         |                  |                     | IE ABUVI   |                |                                      |                                       |                                | VED BY                              |                   |   |             |          |

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)