

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

1150039

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 Feet from North / South Line of Section Feet from East / West Line of Section | | | | | | |
| | | | | | | | | Footages Calculated from Nearest Outside Section Corner: | | |
| | | | | | | | | Phone: () | | |
| | | | | 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. | | | | County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | | | | | |
| | | | | | | | | | | |
| Show depth and thickness of | all water, oil and gas forma | ations. | | | | | | | | |
| Oil, Gas or Water Records Ca | | | Casing Red | sing Record (Surface, Conductor & Production) | | | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Describe in detail the manner cement or other plugs were us | | | | | | ds used in introducing it into the hole. If | | | | |
| Plugging Contractor License #: | | | Name: | ame: | | | | | | |
| Address 1: | | | Address 2: | | | | | | | |
| City: | | | 8 | State: | | Zip:+ | | | | |
| Phone: () | | | | | | | | | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | | | | | |
| State of County, | | | | , SS. | | | | | | |
| (Drint Marra) | | | | Em | ployee of Operator or | Operator 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