

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

1157327

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 | | | | | | | | | |
|--------------------------------|-----------------------------|---------|---|---|-------------------------|---|--|--|--|--|------------------------------|--|--|
| | | | | | | | | 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 #: | | | | | | | County: Lease Name: Well #: | | |
| | | | | | | | | 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 A | · | | | by: | | (KCC District Agent's Name) | | | | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | | | | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | | | | | | | | |
| Depth to | Top: Botto | om:T.D | | - 33 (| 9 - 1 | | | | | | | | |
| | | | | | | | | | | | | | |
| Show depth and thickness of a | all water, oil and gas form | ations. | | | | | | | | | | | |
| Oil, Gas or Water Records | | | Casing Record (Surface, Conductor & Production) | | | | | | | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| cement or other plugs were us | | | | | | ds used in introducing it into the hole. If | | | | | | | |
| Plugging Contractor License #: | | | Name: | ıme: | | | | | | | | | |
| Address 1: | | | Address 2 | 2: | | | | | | | | | |
| City: | | | | State: _ | | Zip:+ | | | | | | | |
| Phone: () | | | | | | | | | | | | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | | | | | | | | |
| State of County, | | | | , SS. | | | | | | | | | |
| (Dried Manna) | | | | E | imployee 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