

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

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. | API No. 15 | | | |
|---|---------------------------|---|-------------------|--|----------------|--------------------------|--|
| Name: | | | | Spot Description: | | | |
| Address 1: | | | | Sec Twp S. R East West | | | |
| Address 2: | | | | Feet from | n 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 Cathodic | | | | County: | | | |
| Water Supply Well Other: SWD Permit #: | | | | Lease Name: Well #: | | | |
| ENHR Permit #: Gas 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) | | | | | • | District Agent's Name) | |
| Dep | • | 3ottom: T.D | ' | | | | |
| Dep | | Plugging Commenced: | | | | | |
| | | Bottom: T.D | Pluggin | Plugging Completed: | | | |
| - '' | - | | | | | | |
| Show depth and thickness | of all water, oil and gas | formations. | | | | | |
| Oil, Gas or W | ater Records | | Casina Record (Su | ırface, Conductor & Pro | duction) | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | |
| Tomadon | Contont | Caomy | CIES | County Dopar | T dilod Odt | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | olugged, indicating where the mer of same depth placed from (| • | | | ong it into the nois. It | |
| Plugging Contractor License #: | | | Name: | | | | |
| Address 1: | | | Address 2: | ddress 2: | | | |
| City: | | | State: | | Zip: | + | |
| Phone: () | | | | | | | |
| Name of Party Responsible | e for Plugging Fees: | | | | | | |
| State of | Cou | nty, | , SS. | | | | |
| | | | | mployee of Operator of | or Operator on | above-described well, | |
| | (Print Nan | | | , ., | | | |

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