

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

1169517

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 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 | | | | | | proved on: | |
| 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 o | f all water, oil and gas f | ormations. | | | | | |
| Oil, Gas or Wate | er Records | | Casing R | ecord (Sur | face, Conductor & Prod | luction) | |
| Formation Content | | Casing | Size | Setting Depth Pulled Out | | | |
| | | | | | | | |
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| | | | | | | | |
| | | lugged, indicating where the muer of same depth placed from (bo | | | | | |
| Plugging Contractor License #: | | | _ Name: _ | ne: | | | |
| Address 1: | | | Address | 2: | | | |
| City: | | | | State: | | Zip: | _+ |
| Phone: () | | | | | | | |
| Name of Party Responsible | for Plugging Fees: | | | | | | |
| State of | County, | | | _ , SS. | | | |
| | | | | | nployee of Operator o | r Operator on above | a-described well |
| | (Print Nam | | | _ <u> </u> | inhioyee of Operator o | Delator on above | -uescribed 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