

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1190970

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: | | | | SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: | | |
| Address 2: | | | | | | |
| City: | | | | | | |
| Contact Person: | | | | | | |
| Phone: () | | | | | NE NW | SE SW |
| 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 N Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. | | | | Date Well Completed: | | |
| Depth to Top: Bottom: T.D | | | | | | |
| · | • | | | | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | |
| Oil, Gas or Water Records Casin | | | Casing F | Record (Surface, Conductor & Production) | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out |
| | | | | | | |
| | | | | | | + |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Describe in detail the manner cement or other plugs were us | | | | | | ds used in introducing it into the hole. If |
| Plugging Contractor License #: | | | Name: _ | me: | | |
| Address 1: Ad | | | Address | ss 2: | | |
| City: | | | | State: + + | | |
| Phone: () | | | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | |
| State of | County, _ | | | _ , ss. | | |
| | | Em | | oloyee of Operator or | Operator on above-described well, | |
| (Print Name) | | | | Employee of Operator of Operator off above-described well, | | |

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 the same are true and correct, so help me God.