

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

1205273

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 | | | |
| Address 2: | | | | | | | |
| 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 Cathodi | c County: | | | | |
| Water Supply Well Other: SWD Permit #: | | | | Lease Name: Well #: | | | |
| ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | Completed: | | | |
| | | | | The plugging proposal was approved on: (Date) | | | |
| Producing Formation(s): List A | All (If needed attach another | sheet) | by: | | (KCC Di | strict Agent's Name) | |
| Depth to | Top: Botto | m: T.D | Plugging (| Commenced: | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | | |
| Depth to | Top: Botto | m:T.D | | oomplotod. | | | |
| | | | | | | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | | |
| Oil, Gas or Water Records | | | Casing Record (Surface, Conductor & Production) | | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Describe in detail the manner cement or other plugs were us | . 00 | | • | | ds used in introducin | g it into the hole. If | |
| Plugging Contractor License #: | | | Name: | me: | | | |
| Address 1: | | | Address 2: | | | | |
| City: | | | State: | | Zip: | + | |
| Phone: () | | | | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | | |
| State of County, | | | , ss. | | | | |
| | | | Em | ployee of Operator or | Operator on ab | ove-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.