

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

1207421

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. 1	5		
Name:				Spot Description:		
Address 1:				Sec T	wp S. R East Wes	
Address 2:				Feet from North / South Line of Section		
City:				Feet from East / West Line of Section		
Contact Person:			Footages	Calculated from Neare	est Outside Section Corner:	
Phone: ()				NE NW	SE SW	
Type of Well: (Check one)			ic County: _			
Water Supply Well	SWD Permit #:	I	Lease Name: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	A.		roved on: (Date	
Producing Formation(s): List A		r sheet)	by:		(KCC District Agent's Name	
Depth to		m: T.D	l Plugging	Commenced:		
Depth to	m: T.D	""	Plugging Completed:			
Depth to	o Top: Botto	m:T.D				
Show depth and thickness of		ations.				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us	. 00		•		ids used in introducing it into the hole.	
Plugging Contractor License #:				ame:		
Address 1:			Address 2:			
City:			State:		Zin	
			Glate			
Phone: ()					+	
, ,					+	
Phone: () Name of Party Responsible fo	or Plugging Fees:				+	

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.

TYPE OR USE BLACK INK OKLAHOMA CORPORATION COMMISSION Form 1003/1003C SEE REVERSE FOR INSTRUCTIONS Oil and Gas Conservation Division (Rev. 2001) Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000 API NO. PLUGGING RECORD OTC PROD. UNIT NO. OAC 165:10-11-7 PLUGGING DATE **GPS** Well Name/No. Location 1/4 NW1/4 ATE 1/4 Twp Rge Sec Ft FSL of 1/4 Sec Ft FWL of 1/4 Sec County Total Depth Base of Treatable Water Well Classification **OPERATOR** Locate Well on Grid 14 329 nicens Phone Address City State Zip Ms 7361 Run (ft) Pulled (ft) PERFORATION DEPTHS PIPE RECORD Size Conductor Set 1 -From To 40' Surface Set 2-From To I.C. I.C. Set 3-To From P.C Lnr Set 4-From To Type of Plug Hole Size of Depth No. Sacks Calculated Measured Top of Plug Plug Pipe Size Cement Volume TOC If Tagged cu.ft 240 sk 2 184 0 1/4 2 cu.ft sk 0 044 B M 100 750 sk cu.ft 14 10 350 24 sk cu.ft EM 0 Surface sk cu.ft REMARKS Reason for Plugging CEMENTER CERTIFICATION I certify that the cement plugs were placed in this well as shown on this report, per O.C.C. instructions. The cementing was performed by me or under my direct supervision. I certify all cementing data is true, correct and complete. Name and Title Typed or Printed Signature Stewart Parrish-Cementer Permit No. Company P & P Cementing, LLC 827

CORPORATION COMMISSION USE ONLY

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.

Signature of District Manager Field Inspector