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

1211486

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

| | Spot Description: |
|---|--|
| Address 1: | |
| | Fact from North / South Line of Section |
| Address 2: | |
| City: State: Zip: + | Feet from East / West Line of Section |
| Contact Person: Fo | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | NE NW SE SW |
| Water Supply Well Other: SWD Permit #: Le ENHR Permit #: Gas Storage Permit #: Da Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) by by Depth to Top: Bottom: T.D. Plu Depth to Top: Bottom: T.D. Plu | County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) py: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: |

Show depth and thickness of all water, oil and gas formations.

| Oil, Gas or Water Records | | Casing Record (Surface, Conductor & Production) | | | |
|---------------------------|---------|---|------|---------------|------------|
| Formation | Content | Casing | Size | Setting Depth | Pulled Out |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

| Plugging Contractor License #: | | Name: | | |
|-----------------------------------|--------------------------------------|---|--------------------------|--------------------------|
| Address 1: | | Address 2: | | |
| City: | | State: | Zip: | + |
| Phone: () | | | | |
| Name of Party Responsible for Plu | igging Fees: | | | |
| State of | County, | , SS. | | |
| | (Print Name) | Employee of Operate | or or Operator on a | above-described well, |
| haing first duly sworn on ooth | c: That I have knowledge of the fact | a statements, and matters barain contained, and the l | og of the above deceriby | ad wall is as filed, and |

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.

Submitted Electronically