

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

1216495

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 | 5 | | | |
|---|-----------------------------|----------|------|--|--|------------------------|------------------------|--|
| Name: | | | | Spot Description: | | | | |
| Address 1: | | | | Sec Twp S. R East West | | | | |
| Address 2: | | | | | Feet from | | uth 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 Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | County: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date) | | | | |
| Producing Formation(s): List A | _ | | | | | | | |
| Depth to Top: Bottom: T.D | | | | | by: (KCC District Agent's Name) | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: Plugging Completed: | | | | |
| Depth to | Top: Bot | tom:T.D | | Plugging (| Completed: | | | |
| | | | | | | | | |
| Show depth and thickness of | all water, oil and gas forr | mations. | | | | | | |
| Oil, Gas or Water Records Cas | | | | ing Record (Surface, Conductor & Production) | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Describe in detail the manner cement or other plugs were us | | | | • | | oas usea in introducin | g it into the noie. If | |
| Plugging Contractor License #: | | | | Name: | | | | |
| Address 1: | | | | Address 2: | | | | |
| City: | | | | State: | | | | |
| Phone: () | | | | _ | | | | |
| Name of Party Responsible for | or Plugging Fees: | | | | | | | |
| State of | County, | | | , SS. | | | | |
| | | | | Fm | nlovee of Operator of | Operator on abo | 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.

(Print Name)