

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

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 | | | | |
| Address 2: | | | | Feet from North / South 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 Catho | odic | Country | | | | |
| Water Supply Well Other: SWD Permit #: | | | | - | | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | Lease Name: Well #: Date Well Completed: | | | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes | | | | | eii Compieted: gging proposal was app | | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | by:(KCC District Agent's Name) | | | | |
| Depth to Top: T.D | | | | | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | | | |
| | | | | | | | | |
| Show depth and thickness of | all water, oil and gas for | mations. | | | | | | |
| Oil, Gas or Wate | | | Casing Re | cord (St | ırface, Conductor & Prod | uction) | | |
| Formation | Content | Casing | Size | Setting Depth Pulled Out | | | | |
| Tomation | Comon | Cushing | O.Z.O | | County Doput | T dilod Out | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ement or other plugs were u | ised, state the character | of same depth placed from (b | ottom), to (to | ວ) for ea | ich plug set. | | | |
| Plugging Contractor License #: | | | _ Name: | | | | | |
| Address 1: | | | _ Address 2: | : | | | | |
| Dity: | | | ; | State: _ | | Zip: | + | |
| Phone: () | | | | | | | | |
| Name of Party Responsible for | or Plugging Fees: | | | | | | | |
| State of | County | /, | | , SS. | | | | |
| | . , | , | | | mployee of Operator or | Operator of a | boyo doscribad wall | |
| | | | = | imployee of Operator of | Operator on a | above-described Well, | | |

Submitted Electronically

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