

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

1225926

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 #: | | | I AP | I No. 15 - | | | | |
|--|-------------------|----------------|--------------|--|------------------|----------------------|-------------------------|--|
| Name: | | | | Spot Description: | | | | |
| Address 1: | | | | | | wp S. R | | |
| Address 2: | | | | | Feet from | North / S | outh Line of Section | |
| City: | | | | Feet from East / West Line of Section | | | | |
| Contact Person: | | | | Footages Calculated from Nearest Outside Section Corner: | | | | |
| Phone: () | | | | 1 | NE NW | SE SW | | |
| Type of Well: (Check one) | Oil Well Gas Well | OG D&A Cathodi | ic Co | untv. | | | | |
| Water Supply Well Other: SWD Permit #: | | | | Lease Name: Well #: | | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | Date Well Completed: | | | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | The plugging proposal was approved on: (Date) | | | | |
| Producing Formation(s): List A | • | , | | | | (KCC I | District Agent's Name | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | | | |
| Depth to | o Top: Botto | m: T.D | | 00 0 1 | | | | |
| | | | | | | | | |
| Show depth and thickness of a | | ations. | | | | | | |
| Oil, Gas or Water Records | | | Casing Recor | Casing Record (Surface, Conductor & Production) | | | | |
| Formation | Content | Casing | Size | Set | ting Depth | Pulled Out | | |
| 1 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Describe in detail the manner cement or other plugs were us | | - | • | | | ds used in introduci | ng it into the hole. If | |
| Plugging Contractor License #: | | | | | | | | |
| Address 1: | | | Address 2: | | | | | |
| City: | | | Sta | ite: | | Zip: | + | |
| Phone: () | | | | | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | | | |
| State of | County, _ | | , s | S. | | | | |
| | | | | Employe | e of Operator or | Operator on a | bove-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)