

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

1226154

Employee of Operator or Operator on above-described well,

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 | j - | | | |
|---|------------------------------|---------|----------|--|------------------------|------------|------------------------|--|
| Name: | | | | Spot Description: | | | | |
| Address 1: | | | | | Sec T | | | |
| Address 2: | | | | | Feet from | | South Line of Section | |
| City: State: Zip: + | | | | 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 | | | | County: | | | | |
| Water Supply Well Other: SWD Permit #: | | | | Lease Name: Well #: | | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | Date Well Completed: | | | | |
| s ACO-1 filed? Yes No If not, is well log attached? Yes | | | | The plugging proposal was approved on: (Date) | | | | |
| Producing Formation(s): List A | ll (If needed attach another | sheet) | | by: | | (KCC | District Agent's Name) | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | | | |
| Depth to | Top: Botton | m: T.D | | r ragging c | ompicted. | | | |
| Chour don'th and thickness of a | all water oil and gos forms | tions | | | | | | |
| Show depth and thickness of a Oil, Gas or Water | | llions. | Casina F | Record (Surfa | ace, Conductor & Produ | uction) | | |
| Formation | Content | Casing | Size | , , | | Pulled Out | | |
| | | | | | 2011119 2 2 2 2 111 | | | |
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| | | | | | | | | |
| Describe in detail the manner cement or other plugs were us | . 00 | | | • | | | | |
| Plugging Contractor License #: | | | | | | | | |
| City: | | | | | | | | |
| Phone: () | | | | | | | · | |
| Name of Party Responsible for | | | | | | | | |
| State of | | | | | | | | |
| State Of | County, _ | | | _ , 88. | | | | |

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)