

Employee of Operator or Operator on above-described well,

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

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ 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: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing 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. _____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____

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.

_____ County, ______ , ss.

(Print Name)

°810 E 7[™] PO Box 92 EUREKA, KS 67045 (620) 583-5561



Ticket No. 1735

Foreman Rick Ledford

Camp Evices Vs

			01.	TO SALES ELECTRICATE OF THE SALES AND ADDRESS			· L			
Date	Cust. II	D#	Leas	se & Well Number		Section	Township	Range	County	State
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Customer						Unit #	Driv		Unit #	Driver
Customer (alt Energy IX. Mailing Address						102	Chris			
						112	John	5.		
City State Zip Code							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			D
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Casing Depth 887 Hole Size										
						Water Gal/SK Other				
Displacement PSI										
Remarks:	: Dafety) (d	ecting (19 10 to 29/8	8" t-h.n.	g estably	sh 10te (2 @ 400 PSI.	550 PSI Job Con	Plak Pig	Mixed Jour
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