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

1251997

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

Form CP-4

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: 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 Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	Plugging Commenced:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			ction)
Formation	Content	Casing	Size	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.

Plugging Contractor License #:		Name:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ()				
Name of Party Responsible for Plu	igging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operate	or or Operator on a	above-described well,
haing first duly sworn on ooth	c: That I have knowledge of the fact	a statements, and matters barain contained, and the l	og of the above deceriby	ad wall is as filed, and

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.

Submitted Electronically

SOUTHLAKE, TEXAS 76092 3/6 + 68	1-4734	SERV.	ACE POINT Og <i>KU</i> S	54
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To: Allied Oil & Gas Services, LLC. (ou are hereby requested to rent comenting equipment nd furnish comenter and helper(s) to assist owner or contractor to do work as is listed. The above work was lone to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENBRAL TERMS AND CONDITIONS" listed on the reverse side. RINTED NAME:	TOTAL CHA	ROES 5, 350	е тотаі 32, <i>73</i> 547-44 Чоз)ігра	ID IN 30 DAY:

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