

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

ODERATOR II			02-3-117	ADIN 45	_		
OPERATOR: License #:				API No. 15			
					ription:		
Address 1:				Sec Twp S. R East West West Feet from North / South Line of Section Feet from East / West Line of Section			
Address 2:							
City:							
Contact Person:				Footages (Calculated from Nea	rest Outside Section Corner:	
Phone: ()					NE NW	SE SW	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County: Well #: Lease Name: Well #: Date Well Completed: (Date)			
Water Supply Well Other: SWD Permit #:							
ENHR Permit #: Gas Storage Permit #:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes No							
Producing Formation(s): List A	All (If needed attach anothe	r sheet)				(KCC District Agent's Name,	
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				I Plugging Completed:			
Depth to Top: Bottom: T.D							
Show depth and thickness of a	all water, oil and gas form	ations.					
Oil, Gas or Water Records Cas			Casing	ng Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Tomaton	Contont	Casing	- CIZO		Cotting Boptin	T diled Gdt	
cement or other plugs were us		_		•		ods used in introducing it into the hole. It	
Plugging Contractor License #:				lame:			
Address 1:			_ Address	: 2:			
City:				_ State:		Zip:+	
Phone: ()				_			
Name of Party Responsible fo	or Plugging Fees:						
Ctata of	Carratir						

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)