

**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

## 1272922

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

| Spot Description:  Address 1:  | OPERATOR: License #:                                       |                            |              |              | API No. 15   | j -                   |                     |                         |  |
|--|--|----------------------------|--------------|--------------|--|-----------------------|---------------------|-------------------------|--|
| Address 1:   | Name:  |                            |              |              | Spot Description:  |                       |                     |                         |  |
| Reaf from   North     South Line of Sec   Size   | Address 1:   |                            |              |              |  |                       |                     |                         |  |
| State:   Zip:   +  |  |                            |              |              |  |                       |                     | South Line of Section   |  |
| Contact Person:  | City:  | State:                     | Zip: +       | _            |  | Feet from             |                     | West Line of Section    |  |
| Type of Welt; (Check one) Oil Well   Gas Well   OS   D&A   Cathodic   West Supply Well   Other:   SWD Permit #:   Lease Name:   Well #:   Date Well Completed:   The plugging proposal was approved on:   (/c) Producing Formation(s): List All (if needed attach another sheet)   Wes   No   If not, is well log attached?   Yes   No   Depth to Top:   Bottom:   T.D.   Depth to Top:   Bottom:   T.D.   Depth to Top:   Bottom:   T.D.   Plugging Commenced:   Plugging Completed:   Well #:   Date Well Completed:   Plugging Commenced:   Plugging Commenced:   Plugging Commenced:   Plugging Completed:   P | Contact Person:  |                            |              |              | Footages Calculated from Nearest Outside Section Corner: |                       |                     |                         |  |
| Type of Welt   Check one   Oil Well   Gas Well   OG   D&A   Cathodic   Water Supply Well   Other:   SWD Permit #:   Lease Name:   Well #:   Date Well Completed:   The plugging proposal was approved on:   (O by:   Date Well Completed:   Date Well Comp   | Phone: ( )   |                            |              |              |  | NE NW                 | SE SW               |                         |  |
| Water Supply Well   Other:   | Type of Well: (Check one)                                  | Oil Well Gas Well          | OG D&A Catho | odic         | Country  |                       |                     |                         |  |
| ENHR Permit#:   Gas Slorage Permit#:   Date Well Completed:   The plugging proposal was approved on:   (D approved on the plugging Commenced:   Plugging Commenced:   Plugging Commenced:   Plugging Commenced:   Plugging Completed:   Plugging   | Water Supply Well Other: SWD Permit #:                     |                            |              |              |  |                       |                     |                         |  |
| ACC-1 filled? Yes No If not, is well log attached? Yes No Droducing Formation(s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Plugging Commenced: Plugging Completed: Plugging Comple | ENHR Permit #: Gas Storage Permit #:                       |                            |              |              |  |                       |                     |                         |  |
| Depth to Top:  | s ACO-1 filed? Yes No If not, is well log attached? Yes No |                            |              |              |  | •                     |                     |                         |  |
| Depth to Top: Bottom:T.D   | Producing Formation(s): List A                             | All (If needed attach anoi | ther sheet)  | l k          | by:  |                       | (KCC                | District Agent's Name   |  |
| Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Show depth and thickness of all water, oil and gas formations.  Oil, Gas or Water Records Casing Size Setting Depth Pulled Out  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 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: Zip: +  Phone:  | 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)  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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  State:  Zip:  + Phone: ()  Name of Party Responsible for Plugging Fees:  State of  County,, ss.  | Depth to Top: Bottom: T.D                                  |                            |              |              |  |                       |                     |                         |  |
| Oil, Gas or Water Records  Casing  Size  Setting Depth  Pulled Out  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 beneath 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:  State:  Zip:  +  Phone:  | Depth to   | о Тор: Во                  | ottom: T.D   |              | luggilig C   | ompieted.             |                     |                         |  |
| Oil, Gas or Water Records  Casing  Size  Setting Depth  Pulled Out  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 beneath 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:  State:  Zip:  +  Phone:  |  |                            |              |              |  |                       |                     |                         |  |
| Formation   Content   Casing   Size   Setting Depth   Pulled Out   | Show depth and thickness of                                | all water, oil and gas fo  | rmations.    |              |  |                       |                     |                         |  |
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| Plugging Contractor License #: Name:   | Formation  | Content                    | Casing       | Size         |  | Setting Depth         | Pulled Out          |                         |  |
| Plugging Contractor License #: Name:   |  |                            |              |              |  |                       |                     |                         |  |
| Plugging Contractor License #: Name:   |  |                            |              |              |  |                       |                     |                         |  |
| Plugging Contractor License #: Name:   |  |                            |              |              |  |                       |                     |                         |  |
| Plugging Contractor License #: Name:   |  |                            |              |              |  |                       |                     |                         |  |
| Plugging Contractor License #: Name:   |  |                            |              |              |  |                       |                     |                         |  |
| Address 1: Address 2:  |  | •                          |              |              |  |                       | ods used in introdu | ang it into the hole. I |  |
| City:  | Plugging Contractor License #:                             |                            |              |              |  |                       |                     |                         |  |
| Phone: ( )   | Address 1:   |                            |              | _ Address 2: |  |                       |                     |                         |  |
| Name of Party Responsible for Plugging Fees:   | City:  |                            |              | 8            | State:   |                       | Zip:                | ++                      |  |
| State of, ss.  | Phone: ( )   |                            |              |              |  |                       |                     |                         |  |
|  | Name of Party Responsible for                              | or Plugging Fees:          |              |              |  |                       |                     |                         |  |
| Employee of Operator or Operator on above-described w  | State of   | Count                      | у,           |              | , SS.  |                       |                     |                         |  |
|  |  |                            |              |              | Fmi  | plovee of Operator or | Operator on         | above-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)