

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

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 | | | | | |
|-----------------|-----------------|--|--|--|--|--|
| K.A.R. 82-3-117 | | | | | | |

| Address 1: Address 2: Sec. Typ. S. R. East Vaddress 2: Feef from North / South Lend 5 Sec Sec | OPERATOR: License #: | | | API No | o. 15 | | |
|--|---|-------------------|---------------|-------------|---|--------------------------------------|--|
| Address 2: | | | | | | | |
| City: | Address 1: | | | | Sec Twp S. R East West | | |
| Contact Person: Phone: () Proper Well* (Check and) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: Gas Storage Permit #: ENHR Permit #: Gas Storage Permit #: Despth 10 Top: Bottom: T.D. Depth 10 Top: Bottom: T.D. Show depth and thickness of all water, oil and gas formations. Oil, Gas or Winter Records 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 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 2: | | | | Feet fror | n North / South Line of Section | |
| Phone: (| City: | State: | Zip:+ | | Feet fror | n East / West Line of Section | |
| Type of Well: (Check one) Oil Well Gas Well OS D&A Cathodic Water Supply Well Other: SWD Permit #: Lease Name: Well #: Lease Name: | | | | Footag | es Calculated from Nea | rest Outside Section Corner: | |
| Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Lease Name: Well #: Lease Name: L | Phone: () | | | | ☐ NE ☐ NW ☐ SE ☐ SW | | |
| Water Supply Well Other: | Type of Well: (Check one) | Oil Well Gas Well | OG D&A Cathoo | dic County | /: | | |
| If not, is well log attached? | Water Supply Well Other: SWD Permit #: | | | | Lease Name: Well #: | | |
| SACO-filed? Yes No Inot, is well log attached? Yes No Producing Formation(s): List All (if needed attach another sheet) by: | ENHR Permit #: Gas Storage Permit #: | | | | Date Well Completed: | | |
| Depth to Top: | Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | The plugging proposal was approved on: (Date) | | |
| Depth to Top: Bottom: T.D | Producing Formation(s): List | · | | | by:(KCC District Agent's Name) | | |
| Depth to Top: Bottom: T.D. Pluggling Completed: Depth to Top: Bottom: T.D. Pluggling Completed: | Depth t | to Top: Bot | tom: T.D | Pluggir | Plugging Commenced: | | |
| Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records | Depth t | to Top: Bot | tom: 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 hold cement 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: City: State: Zip: ** ** ** ** ** ** ** ** ** | Depth t | to Top: Bot | tom:T.D | | | | |
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| Formation Content Casing Size Setting Depth Pulled Out | | | mations. | | | | |
| 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 hold cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: | Oil, Gas or Water Records | | | | | , | |
| Plugging Contractor License #: | Formation | Content | Casing | Size | Setting Depth | Pulled Out | |
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| Plugging Contractor License #: | | | | | | | |
| Plugging Contractor License #: | | | | | | | |
| Plugging Contractor License #: | | | | | | | |
| Address 1: | | . , | | • | | | |
| City: | Plugging Contractor License #: Nar | | | Name: | | | |
| Phone: () | Address 1: | | | Address 2: | | | |
| Name of Party Responsible for Plugging Fees: | City: | | | State: _ | | | |
| State of | Phone: () | | | | | | |
| Employee of Operator or Operator on above-described v | Name of Party Responsible f | or Plugging Fees: | | | | | |
| Employee of Operator or Operator on above-described v | State of | County | , | , SS. | | | |
| (Print Name) | | (Print Name) | | | Employee of Operator of | or Operator on above-described well, | |

Submitted Electronically

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