



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

KANSAS CORPORATION COMMISSION 1311131
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

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

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 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 All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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. 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 Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

Splane Pulling & Roustabout Service, Inc.

231304-1

Invoice

P.O. Box 386
Chanute, KS 66720


REC'D OCT 26 2009

Date	Invoice #
10/24/2009	7125

Bill To
Southern Star Central Gas Pipeline, Inc. 4700 Hwy 56 West P.O. Box 20010 Owensboro, KY 42304-0010

Well Number
Drake Lease Well# 8 (08) Pin# 47608 Net 10 days
2004-5100 527

10701001. 5222. 720. 47608. 34D1R00 DM

Description	Qty	Rate	Amount
10-20-09 - Killed well, ran 1" and drillover to 830', drilled over pump 2 foot.			
Kill & Pull	9	375.00	3,375.00
Rotary Table	9	50.00	450.00
Drillover Rental	1	200.00	200.00
10-21-09 - Drilled well down over pump 4 feet, pulled out drillover to be re-surfaced.			
Kill & Pull	8	375.00	3,000.00
Rotary Table	8	50.00	400.00
Drillover Rental	1	200.00	200.00
10-23-09 - Drilled well down to 857' with drillover, pulled out, ran 1" to 855' in 2 1/2", pumped cement to surface, pulled pipe, topped well off, pressured well up with cement, well taking cement, shut in at 50 lbs.			
Kill & Pull	4	375.00	1,500.00
Rotary Table	4	50.00	200.00
Plug Charge	6	400.00	2,400.00
Type A Cement	65	8.25	536.25
			
SSC000000176488			
Total			\$12,261.25