

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

1324066

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

| OPERATOR: License #: | | | | API No. 15 | | | | | | | | | | |
|---|-----------------------------|--------------------------------|---|---------------------------------------|-------------------|---------------------|--|-----------------|--|--|--|--|--|--|
| | | | | | | | | City: | | | | 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 | | | | r: | | | | | | | | | | |
| Water Supply Well Other: SWD Permit #: | | | | Lease Name: Well #: | | | | | | | | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | Date Well Completed: | | | | | | | | | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | ugging proposal was app | | | | | | | | | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | by:(KCC District Agent's Name) | | | | | | | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | | | | | | | | |
| Depth to Top: Bottom: T.D | | | 1 00 | Plugging Completed: | | | | | | | | | | |
| Depth to | o Top: Botto | om:T.D | — Fluggii | ig Completed | | | | | | | | | | |
| Show depth and thickness of | all water, oil and gas form | nations. | | | | | | | | | | | | |
| Oil, Gas or Water Records | | | Casing Record (Surface, Conductor & Production) | | | | | | | | | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| cement or other plugs were us | sed, state the character o | f same depth placed from (bott | om), to (top) for e | ach plug set. | | | | | | | | | | |
| Plugging Contractor License #: Nar | | | Name: | | | | | | | | | | | |
| Address 1: | | | Address 2: | | | | | | | | | | | |
| City: | | | State: _ | | Zip: | + | | | | | | | | |
| Phone: () | | | | | | | | | | | | | | |
| Name of Party Responsible for | or Plugging Fees: | | | | | | | | | | | | | |
| State of County, | | | , SS. | | | | | | | | | | | |
| | (8:.4) | | | Employee of Operator o | r Operator on abo | ove-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)