1326764

**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

# 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 #: 3449
Name: Coen Energy Corporation
Address 1: 11217 W 140TH PL
Address 2:
City: OVERLAND PARK State: KS Zip: 66221 + 8019
Contact Person: David Coen
Phone: ( 913 ) 515-8622

Type of Well: *(Check one)* ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: ☐ SWD Permit #:
☑ ENHR Permit #: E14285.30 ☐ 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 - 15-207-02194-00-00
Spot Description:
SE - SE - SE - NW Sec. 8 Twp. 24 S. R. 16 ☑ East ☐ West
2940 Feet from ☐ North / ☑ South Line of Section
2700 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Woodson
Lease Name: STABLER J Well #: 27
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 10/21/2016
Plugging Completed: 10/21/2016

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 |
| | | Surface | 7 | 40 | |
| | | Production | 2.5 | 1040 | |
| | | | | | |
| | | | | | |

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.

Filled to surface with cement.

Plugging Contractor License #: 34059 Name: Hurricane Services, Inc.
Address 1: 250 N Water St Address 2:
City: WICHITA State: KS Zip: 67202 + 1215
Phone: ( 316 ) 303-9515
Name of Party Responsible for Plugging Fees: Coen Energy Corporation
State of Kansas County, Johnson , ss.

*(Print Name)* ☐ Employee 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.

Submitted Electronically