

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

KANSAS CORPORATION COMMISSION **1329768**
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.

 (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

Keplev Well
 19245 Ford Road
 Chanute, KS 66720

Date	Invoice #
5/18/2016	51098

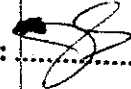
48-1103536

Wilson County Holdings LLC
 907 N. Poplar Street, St. 235
 Casper, WY 82601

County	Due Date	Well #	AFE #
Wilson	6/2/2016	Bates	

Description	Qty	Rate	Amount
Well Charge Hooked onto 2 7/8. Pumped 4.5 BBLS of water to establish rate. Pumped 38 sacks of cement and cottonseed hulls. Pressured up to 800 psi and held. Shut in. PO# _____ Well Code KE0003 _____ Meter KSFRS 3000 _____ Meter 51000/151 _____ 1704.00 Meter P+ A _____ (1704.00) POSTED _____ KSFRS1000 20700/998 ARO LIAB 1704.00 5/31/16	1	1,600.00	1,600.00

RECEIVED
 MAY 23 2016

BY: 

Phone #	E-mail
620-431-9212	rustypickle@hotmail.com

Subtotal	\$1,600.00
Sales Tax (6.5%)	\$104.00
Total	\$1,704.00
Balance Due	\$1,704.00