

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

KANSAS CORPORATION COMMISSION 1349446
 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

Form	CP4 - Well Plugging Record
Operator	Gore Oil Company
Well Name	MUNSTERMANN 1
Doc ID	1349446

Producing Formations

Formation	Top	Bottom	Total Depth
LKC	4080	4086	4260
LKC	4138	4149	
LKC	4181	4187	
LKC	4223	4229	

GLOBAL OIL FIELD SERVICES, LLC

2808

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell

DATE <u>12-29-16</u>	SEC. <u>19</u>	TWP. <u>1</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:45</u>
LEASE <u>Muskegon</u>	WELL # <u>1</u>		LOCATION <u>11/21/16</u>			COUNTY <u>Pauline</u>	STATE <u>Ks</u>
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							

CONTRACTOR <u>None</u>	OWNER
TYPE OF JOB <u>plug</u>	
HOLE SIZE	T.D.
CASING SIZE	DEPTH
TUBING SIZE <u>2 3/8</u>	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS	
DISPLACEMENT	
EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Bill</u>
#	HELPER <u>Alan</u>
BULK TRUCK	
#	DRIVER <u>Carl</u>
BULK TRUCK	
#	DRIVER <u>Steve</u>

CEMENT AMOUNT ORDERED	
<u>175 lbs 6 1/4" 47' well 200 # Halls</u>	
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
	@
	@
	@
	@
	@
	@
	@
HANDLING	@
MILEAGE	@
TOTAL	

REMARKS:

plug down 2 3/8" w/ 175 lbs
well 200 # Halls
Max psi 500
Tubing stayed full

CHARGE TO: GORE OIL CO
STREET: Box 870
CITY: McCook STATE: WY ZIP: 82401

Global Oil Field Services, LLC
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME: Steve Faye
SIGNATURE: [Signature]

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>400.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>Make print</u>	@
MANIFOLD <u>plug 1/2" well</u>	@
	@
	@
TOTAL	

PLUG & FLOAT EQUIPMENT

	@
	@
	@
	@
TOTAL	

SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT _____ IF PAID IN 30 DAYS