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

1349704

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
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	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 Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Softem: T.D. Softem: T.D. Depth to Top: Bottom: T.D. Softem: T.D. Depth to Top: Bottom: T.D. Softem: Softem: Softem:	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Pluggi

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:	Name:							
Address 1:										
City:		State:	Zip: +							
Phone: ()										
Name of Party Responsible for Pluggin	g Fees:									
State of	County,	, SS.								
	(Print Name)	Employee of Opera	ator or Deprator 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.

KCC Wade Rlays 3-7-17 Operator Carmen Schmitt Well Name & No. <u>Temgat</u> State KS Location 330 FNL 450 FEL 25-22 County Ford Tool Pusher Andy Din Kel Rig No. _____ Contractor_ Total Wt. (Both) Size No. Drill Collars Size No. Joints Flex Wt. Spud 1451 P.m 3-9-17 Make Pump D.375 Liner & Stroke GL 2388 K.B. Hole Complete 900/Am 3-17-17 Elevation 2383 4950

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Accidents & Remarks: