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

1352093

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'							
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:								
City:												
Contact Person:												
Phone: ()				NE NW	SE SW							
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic Cou	ınty:								
Water Supply Well Other: SWD Permit #: SWD Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Lease Name: Well #:								
							Producing Formation(s): List A	All (If needed attach anothe	r sheet)	by:_		(KCC District Agent's N
							Depth to	Top: Botto	om: T.D	Pluc	Plugging Commenced:	
Depth to Top: Bottom: T.D				Plugging Completed:								
Depth to	Top: Botto	om: T.D		75 5 1 1 1 1 1 1								
Show depth and thickness of a		ations.										
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)									
Formation	Content	Casing	Size	Setting Depth	Pulled Out							
Describe in detail the manner cement or other plugs were us	. 00		•		ods used in introducing it into the ho							
Plugging Contractor License #:												
Address 1:			Address 2:									
City:			State	e:								
Phone: ()												
Name of Party Responsible fo	or Plugging Fees:											
State of	County, .		, ss	j.								
				Employee of Operator o	r Operator on above-described							

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)

Form	CP4 - Well Plugging Record			
Operator	Jaspar Co.			
Well Name	JEFFREY 1			
Doc ID	1352093			

Producing Formations

Formation	Тор	Bottom	Total Depth
ТОРЕКА	2880	3089	
TORONTO	3113	3129	
LKC	3130	3373	
ARBUCKLE			3485

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025 Home Office P.O. Box 32 Russell, KS 67665 Cell 785-324-1041 Sec. Twp. Range County State On Location Finish Lease Well No. Owner To Quality Oilwell Cementing, Inc. Contracto You are hereby requested to rent cementing equipment and furnish Type Job cementer and helper to assist owner or contractor to do work as listed. Charge Hole Size T.D. To ouz Dar Csg. Depth Street Tbg. Size Depth City State Tool Depth The above was done to satisfaction and supervision of owner agent or contractor. Cement Left in Csg Cement Amount Ordered Shoe Joint Meas Line Displace EQUIPMENT Common Cementer No. Pumptrk Helper Poz. Mix No. Driver Bulktrk Driver Gel. Driver Bulktrk Driver Calcium JOB SERVICES & REMARKS 500 I Hulls Remarks: Salt Rat Hole Flowseal Mouse Hole Kol-Seal Centralizers Mud CLR 48 Baskets CFL-117 or CD110 CAF 38 D/V or Port Collar Sand Handling Mileage FLOAT EQUIPMENT Guide Shoe Centralizer Baskets AFU Inserts Float Shoe Latch Down Pumptrk Charge Mileage 3 Tax Discount Signature

Total Charge