

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

1365878

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 / W	est 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 Cathodi	c Co	untv.				
Water Supply Well	Other:	SWD Permit #:		County: Well #: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes No If not, is well log attached? Yes N				The plugging proposal was approved on: (Date)				
Producing Formation(s): List A	All (If needed attach another	sheet)	I				istrict Agent's Name)	
Depth to	o Top: Botto	m: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:				
Depth to	o Top: Botto	m: T.D		igging Complete	:u		_	
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Water Records			Casing Reco	rd (Surface, Cond	luctor & Produc	etion)		
Formation	Content	Casing	Size	Setting	g Depth	Pulled Out		
		-		bed and the met	nod of friethoo	ls used in introduci	ng it into the hole. If	
cement or other plugs were u	sed, state the character of	same depth placed from (bot	•			is used in introduci	ig it into the noie. Ii	
cement or other plugs were use	#:		tom), to (top) f	for each plug se	t.			
	#:		tom), to (top) f	for each plug se	t.			
Plugging Contractor License ∌	#:		tom), to (top) f	for each plug se	t.			
Plugging Contractor License # Address 1: City:)	#:		Name: Address 2:	for each plug se	t.			
Plugging Contractor License # Address 1:	#:		Name: Address 2:	for each plug se	t.			
Plugging Contractor License # Address 1: City:)	#:pr Plugging Fees:		Name: Address 2:	for each plug se	t.			

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)

CST Oil & Gas Corporation

1690 155th St. Fort Scott, Ks Fax: 1-620-829-5306

Office: 1-620-829-5307

Cement & Acid Report

and of Job 49	A	Sec. 34	Twp.255	70015 Date 7
Quantity	Materials Used			
805ks	Portland Co	ement		
	-			
	and the construction of th			
Vell T.D	20	Csg. S	Set At	Volume
ize Hole		Tbg S	Set AT	Volume
Max. Press		Size F	Pipe	
Plug Depth		Pker	Depth	
Plug Used		T:	Chartad	
			Started Finished	
2				and the second s
emarks: Ran	1' pipe to 1	D. Pumpec	1 cement un	tilit reached
Surface. F	ulled l'pipe	out.		
				The state of the s
		and an employment of the second secon		-
Vitnessed By:				2 .
ame Preston.	Spencer Name	Jesse Smit	Name K	obert Hison