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

Name of Party Responsible for Plugging Fees:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1367744

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 - _____ Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ 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 County: _____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #: _____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) by: _____ (KCC District Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed: ______ Depth to Top: _____ Bottom: _____ T.D. ____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Pulled Out Formation Content Casing Setting Depth 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. _____ Name: ___ Plugging Contractor License #: ____ _____ Address 2: ____

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.

Employee of Operator or Operator on above-described well,

_____ County, ______ , ss.

(Print Name)

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410 Fax 620-672-3663

Rich's Cell 620-727-3409 Brady's Cell 620-727-6964

6703

Fax 620-67	Z-300	•						P1 1 1		
	Sec.	Twp.	Range		County	State	On Location	Finish		
Date 2 11 17	1	31	7	Ha	sport .	K				
Lease Farm 1	V	Vell No.	1	Location	on I					
Contractor	1, 1	44	Salice		Owner To Overlity W	Iall Sanica Inc				
Type Job PTA					To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish					
Hole Size	T.D.			cementer and helper to assist owner or contractor to do work as listed						
Csg. 44	Depth			To To						
Tbg. Size	Depth			Street						
Tool	Depth	Depth			City State					
Cement Left in Csg.	Shoe J	Shoe Joint			The above was done to satisfaction and supervision of owner agent or contract					
Meas Line	Displac	се		Cement Amount Ordered						
EQUIPMENT					601					
Pumptrk No					Common // ()					
Bulktrk	No			Poz. Mix						
Bulktrk No.					Gel.					
Pickup No.					Calcium					
JOB SERVICES & REMARKS					Hulls					
Rat Hole					Salt					
Mouse Hole					Flowseal					
Centralizers					Kol-Seal Colored					
Baskets					Mud CLR 48					
D/V or Port Collar					CFL-117 or CD110 CAF 38					
1 The Hard State		7 4	Tree,		Sand					
There was 15		1911	46 97	n kint	Handling	171				
The total of the last			A 416	457	Mileage	50				
				1		FLOAT EQUIPM	MENT			
rest Hoult at			847		Guide Sho	e				
The First	34	1. 1.	101.45	1657	Centralizer					
	180				Baskets					
					AFU Insert	S				
					Float Shoe					
					Latch Dow	n				
					6.786					
					Pumptrk C	harge				
				Hardell.	Mileage	17				
							Tax			
							Discount			
X Signature							Total Charge			
Olgitaturo								Taylor Print		

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

Signature:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-4 July 2014 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 #: 4			API No. 15 - 15-077-21224-00-00					
Name: Messenge	r Petroleum, Inc.			Spot Description: NA				
Address 1: 525 S Mai			<u>SE_NW_NW</u> Sec. 1Twp. 31 _ S. R. 7East \(\sqrt{\text{West}} \)					
Address 2:			4,290 Feet from North / South Line of Section					
City: Kingman			1	4,290 Feet from Feet from West Line of Section				
Contact Person: Jon F. Phone: (620) 532-540	_		Footages Calculated from Nearest Outside Section Corner:					
Type of Well: (Check one)			UNE UNW ✓SE USW					
		SWD Permit #:	-	Harper				
	***************************************	prage Permit#:	Lease Name: BBurg A Well #: 1					
Is ACO-1 filed? Yes	_	Il log attached? Yes		Completed: NA ing proposal was app	royad an: NA (Data)			
Producing Formation(s): List A					roved on: NA (Date) (KCC District Agent's Name)			
Depth to	Top: Botto	om: T.D	Plugging Commenced: 4/20/2017					
Depth to	Top: Botto	om: T.D		Plugging Completed: 4/20/2017				
Depth to	Top: Botto	om:T.D						
Show depth and thickness of a	all water, oil and gas form	ations.	L		MAX			
Oil, Gas or Water	Oil, Gas or Water Records			Record (Surfa	ace, Conductor & Produ	uction)		
Formation	Formation Content		Size		Setting Depth	Pulled Out		
		Surface	Surface 8 5/8"		272'	175 Sacks Cement		
		Production	4 1/2'	11	3673'	100 Sacks Cement		
cement or other plugs were us	ed, state the character of raised pole, blev	same depth placed from (bot	tom), to ((top) for each	ı plug set.	nds used in introducing it into the hole. If		
			Name: Quality Well Service, Inc. Address 2:					
City: Ellinwood			State: Ks	•	zip: 67526 +			
Phone: (620) 727-69				_ Clato		·		
Name of Party Responsible for		senger Petroleum, In	c	-				
State of		_						
	Journey,				Employee of Operator or Operator on above-described well,			
AMERICAN PROPERTY OF THE PROPE	(Print Name)	***************************************		_ () End	Soyee of Operator of	Operator on above-described well,		
being first duly sworn on oath, s the same are true and correct,	•	ge of the facts statements, ar	ıd matter	s herein con	tained, and the log of	the above-described well is as filed, and		