KOLAR Document ID: 1376830

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

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 #:	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 #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed?	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	r 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.	
(Print Name)	Employee of Operator or Operator on above-described	l 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.

Submitted Electronically

Custom	Cell: (620) 249-2519 Eve: (620) 725-5538	02 - 11 -	17	
ouotonn	er Perkins Oil Enterpris	<i>e</i>		
Address City	State	Zip		
Qty.	Description	Price	Amou	nt
Gry.	her Pulling Unit	120,00	480,	00
	Comput Pump	120,00	480,	00
21	Whiter Truck	85,00	340,	00
1	Baulk Tank	85.00	85,	00
1	Per foration	200,00	200,	00
. 1	Sk Gel	16.00	Ile.	00
1350	1" Tubin	, 10	135,	
138.	SKS Cemput	12.50	1725,	00
	Plug Job Hyde #17 51/2 C		3461,	
	Ron 1" To 1350 Gel Hole	1 , 02	259,	1.1
	ADDITED O OFO CONTRACT	120	3720	58
	15to 1000' Spotted 85KS (e			
- +	At 550' Computed To Su	TI		
/	121 122 SKS Coment	1002		
	NIN IN OPA CUTTER	6555555555566666		
			BY,	
TERN	Thank You – We appreciate you Rec'd. by IS: Account due upon receipt of services. A 11/2% Selver intage rate of 18% will be charged to accounts after 30 da	31-1-1-5	8 2017 LOZ	