

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage 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)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

REMIT TO
RR 1 BOX 90 D
HOXIE, KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

AKS 000625

| | | | | | | |
|---------|------|------------|------------|-------------|-----------|------------|
| DATE | SEC. | RANGE/TWP. | CALLED OUT | ON LOCATION | JOB START | JOB FINISH |
| 3/11/11 | | | | | COUNTY | STATE |
| LEASE # | | WELL # | | | | |
| 61 | | 1-7 | | | | |

| CONTRACTOR | OWNER | TYPE OF JOB | CEMENT | AMOUNT ORDERED | DEPTH | DEPTH | DEPTH | DEPTH | DEPTH | MINIMUM | SHOE JOINT | COMMON | POZMIX | GEL | CHLORIDE | ASC | EQUIPMENT | PUMP TRUCK | BULK TRUCK | BULK TRUCK | # | HANDLING | MILEAGE | TOTAL |
|------------|-------|-------------|--------|----------------|-------|-------|-------|-------|-------|---------|------------|--------|--------|------|----------|-----|-----------|------------|------------|------------|---|----------|---------|-------|
| Pro | LH | 1 1/2" Plug | | 457 | | | | | | 270 | | | 100 | 18 | | | | | | | | 468 | 45 | |
| | | | | | | | | | | | | @ 18 | @ 10 | @ 22 | @ | @ | @ | @ | @ | @ | @ | @ 20 | @ 375 | 1600 |
| | | | | | | | | | | | | | | | | | | | | | | | | |

| REMARKS | SERVICE | DEPT OF JOB | PUMP TRUCK CHARGE | EXTRA FOOTAGE | MILEAGE | MANIFOLD | TOTAL |
|--------------------------|----------|-------------|-------------------|---------------|---------|----------|-------|
| Tubing 3610 50' 2 1/4" H | Oil Hole | | | | | | |
| 325 50' 2 1/4" H | | | | | | | 1350 |
| 2525 75' H | | | | | | | |
| 1400 100' H | | | | 45 | | | @ 62 |
| 1200 25' H | | | | | | | @ 270 |
| 1600 50' Fall | | | | | | | @ |
| | | | | | | | TOTAL |

| | |
|-------------|-------|
| CHARGES TO: | STATE |
| STREET | |
| CITY | ZIP |

To: Schippers Oil Field Services L.L.C.
You are hereby requested to rent cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "TERMS AND CONDITIONS" listed on the reverse side.

| PLUG & FLOAT EQUIPMENT | TOTAL |
|-------------------------------|----------|
| Credit 145.50 | @ -2.175 |
| | @ |
| | @ |
| | @ |
| | @ |
| | @ |
| | TOTAL |
| TAX | |
| TOTAL CHARGE | |
| DISCOUNT (IF PAID IN 20 DAYS) | |

SIGNATURE _____ PRINTED NAME _____

TO:API:Well Number: 15-063-21000-0001

STATE CORPORATION COMMISSION

CONSERVATION DIVISION - PLUGGING

130 SOUTH MARKET, SUITE 2078

WICHITA, KANSAS 67202

Spot: NW SE NW Sec/Twnshp/Rge: 27-12-30W

3633 feet from S Section Line

3672 feet from E Section Line

Lease/Unit Name: LUBBERS Well Number: 1-27

County: GOVE Total Vertical Depth: 4148 feet

Operator License No.: 6039

Operator Name: L.D. DRILLING INC

Address: 7 SW 26TH AVE

GREAT BEND KS 67530

String Size Depth (ft) Pulled (ft)

Conductor

Surface 8 5/8 330' 200 SXS

Production 4 1/2 4147' 175 SXS

Liner

Well Type: OIL UIC Docket No: Date/Time to Plug: 3-15-18 11AM

Plug Co. License No.: Plug Co. Name: PROFESSIONAL PULLING

Proposal Rcvd. from: Company: Phone:

Proposed

Plugging

Method

400 SXS 60/40 POZ 4% GEL 450 # HULLS
DV TOOL@ 2267' 245 SXS
PERFS @ 3889'-91', 3897'-99', 4032'-35'

Plugging Proposal Received By: DARREL DIPMAN Witness Type: All X Partial Not Witnessed

Date/Time Plugging Completed: 3-15-17 7:45PM KCC Agent: MARVIN MILLS

Actual Plugging Report:

OUT 3826' PUMP 50 SXS CEMENT 100# HULLS
PT TO 3225' PUMP 50 SXS CEENT 200# HULLS
PT TO 2525' PUMP 75 SXS CEMENT
PT TO 1400' PUMP 100 SXS CEMENT GOOD CIRCULATION OF CEMENT
PT OUT TOP OFF CASING WITH 25 SXS FULL
TIE ON BACK SIDE SQUEEZE WITH ZERO CEMENT FULL SHUT IN 300 PSI

Remarks: GPS: 38.98521 100.64298 SCHIPPERS CEMENT TK# 625

Plugged through: TUBING GERALD WALKER ON JOB

District:04 Marvin Mills E.C.R.S

Signed 
(TECHNICIAN)