KOLAR Document ID: 1409997

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 #:			APIN	No. 15		
Name:				Spot Description:		
Address 1:				Sec Twp S. R East West		
				Feet fron		
City:	State	:		Feet fron		
Contact Person:				Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				NE NW	SE SW	
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	County: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)		
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)	
De	epth to Top:	Bottom: T.D	Plugo	Plugging Commenced:		
De	epth to Top:	Bottom: T.D	"	Plugging Completed:		
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .		
	ss of all water, oil and gas	s formations.				
	Oil, Gas or Water Records			g Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		plugged, indicating where the	•		nods used in introducing it into the hole. If	
Plugging Contractor Lice	ense #:		Name:	e:		
Address 1: Addres						
ity:			State	:		
Name of Party Responsi	ible for Plugging Fees:					
State of	Co	unty,	, SS.			
				Employee of Operator of	or Operator on above-described well,	
	(Print Na			=mpio, so oi operator o	operator on above described 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.

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Kansas Corporation Commission Oil & Gas Conservation Division

WELL PLUGGING RECORD

Form CP-4 July 2014 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:	35-161		L APINo.	15-15-128-	20648-00-00						
Name: High Plains Production, ILL				4							
Address 1: Po Box 1548			l '								
Address 2:			1980 Feet from North / South Line of Section								
City: Mu/r (State: 16 Y Zip: 42071 + Contact Person: Tosh Mc When 1er Phone: (832) 220 - 5887				Footages Calculated from Nearest Outside Section Corner: NE NW SE SW							
							Water Supply Well ENHR Permit #:	OG D&A Cathor SWD Permit #: s Storage Permit #: s well log attached? Yes	Lease Name: Grim Wood Well #: 2-13 Date Well Completed: 1982		
							Producing Formation(s): List		by:	by: Paula / ICCN (KCC District Agent's Name)	
		Bottom: <u>\$108</u> T.D. <u>\$30</u>									
		Bottom: <u>\$ 1 6 2</u> T.D. <u>\$ 3</u> Bottom: T.D	i Pilindina	Completed: 2-3	28-18						
Show depth and thickness o	of all water, oil and gas	formations,									
Oil, Gas or Wate	er Records		Casing Record (Su	rface, Conductor & Prod	uction)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out						
		8-6252	4/12	52901	1500'						
			<u> </u>	.							
			1								
coment or other plugs were eut Thg off A off a 1560 pur for 2 hrs to g	used, state the character of the charact	ter of same depth placed from (b) HW) ら1 るいかち ト	ottom), to (top) for ea earing 116 Ju fect 5'0 seek afer held ci	ch plug set. of in the of coment	ods used in introducing it into the hole. If hole-Cut U ¹ 2 CSg 20% 1500! (e) set n+ 10 the fop						
	AH 26		Dage	f è Macdi	n Well Service						
Address 1: PO Box 297											
city: Garden eity			State:	165	zip: 67846 + 0297						
Phone: (670) 28	7-3501			•	i.e						
Name of Party Responsible	for Plugging Fees:	High Plain's	Productio	n	·•						
State of K 1	Cou	inty, 11 arry	, SS.	_							
A	lan Ir	s ilC		mployee of Operator o	r Operator on above-described well,						
being first duly sworn on oat the same are true and come	//	owledge of the facts statements,	and matters herein o	contained, and the log o	of the above-described well is as filed, and						
Signature:		74	- -								

Mail to: KKCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513