

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

Job Log

Customer:	Obrien Energy	Cement Pump No.:	38750-19842 4Hrs	Operator TRK No.:	34726	
Address:	18 Congress St. Suite 207	Ticket #:	1718 15701 L	Bulk TRK No.:	30463-37547	Marc
City, State, Zip:	Portsmouth NH 03801	Job Type:	Z41 Plug To Abandon			
Service District:	1718 - Liberal, Ks.	Well Type:	OIL			
Well Name and No.:	Vanderpool #1	Well Location:	County:	Meade	State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
60/40 POZ	110	4 % Total Gel.	30463-37547	Front	Back
			Marc	Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	13.5	1.5	7.5	165	TT Man Hours:	21
Tail:					# of Men on Job:	3

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
7:00							ON LOCATION
7:05							SAFETY MEETING
7:30 AM							RIG UP
8:00 AM	3	43					LOAD WELL WITH MUD
8:15 AM	3	10.5					PUMP 50SX @ 1545'
8:18	3	21.7					DISPLACE
9:37	3	10					LOAD WELL WITH MUD
9:42 AM	3	10.5					PUMP 50SX @ 612'
9:50	3	6.9					DISPLACE
10:26	3	10					LOAD WELL WITH MUD
10:30	3	4					PUMP 20SX @ 40'
10:35							WASH TO PIT
							JOB COMPLETED
							THANK YOU

Size Hole	7 7/8"	1st	1545'		TYPE	
Size & Wt. Csg.	4.5" 10.5#	2nd	597'	New / Used	Packer	Depth
tbg.		surface	40'		Retainer	Depth
Top Plugs		Type			Perfs	CIBP

Customer Signature: <i>Ron Kur</i>	Basic Representative:	Angel Echevarria
	Basic Signature:	<i>[Signature]</i>
	Date of Service:	6/1/2012