KOLAR Document ID: 1413384

**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                                                      |                                               |  |
|                                                                                                                                                                                                        |                              |                                                              |            | Feet fron                                                |                                               |  |
| City:                                                                                                                                                                                                  |                              |                                                              |            | 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 #:  ENHR Permit #: Gas Storage Permit #:  Is ACO-1 filed? Yes No If not, is well log attached? Yes No |                              |                                                              |            | County: Well #: Date Well Completed: (Date)              |                                               |  |
| Producing Formation(s):                                                                                                                                                                                | List All (If needed attach a | another sheet)                                               | by:        |                                                          | (KCC <b>District</b> Agent's Name)            |  |
| Depth to Top: Bottom: T.D                                                                                                                                                                              |                              |                                                              |            | Plugging Commenced:                                      |                                               |  |
| Depth 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 cter of same depth placed from | •          |                                                          | nods used in introducing it into the hole. If |  |
| Plugging Contractor License #:                                                                                                                                                                         |                              |                                                              | Name:      | ne:                                                      |                                               |  |
| Address 1: Addre                                                                                                                                                                                       |                              |                                                              | Address 2: |                                                          |                                               |  |
| City:                                                                                                                                                                                                  |                              |                                                              | 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.