KOLAR Document ID: 1418616

**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 Feet from East / West Line of Section |                         |   |
| City:   |                              |         |   |   |                         |   |
| Contact Person:   |                              |         |   | Footages Calculated from Nearest Outside Section Corner:                      |                         |   |
| Phone: ( )  |                              |         |   | NE NW SE SW  County: Well #:  |                         |   |
| 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   |                              |         |   | The plugging proposal was approved on: (Date)                                 |                         |   |
| Producing Formation(s): List All (If needed attach another sheet)                                   |                              |         |   | by: (KCC <b>District</b> Agent's Name) Plugging Commenced:                    |                         |   |
| Depth to Top: Bottom: T.D   |                              |         |   |   |                         |   |
| Depth to Top: Bottom: T.D   |                              |         |   | Plugging Completed:   |                         |   |
| Depth to Top: Bottom: T.D   |                              |         |   |   | 9                       |   |
|   |                              |         |   |   |                         |   |
| Show depth and thickness of a   | all water, oil and gas forma | ations. |   |   |                         |   |
| Oil, Gas or Water Records   |                              |         | Casing Record (Surface, Conductor & Production) |   |                         |   |
| Formation   | Content                      | Casing  | Size  |   | Setting Depth           | Pulled Out                                  |
|   |                              |         |   |   |                         |   |
|   |                              |         |   |   |                         |   |
|   |                              |         |   |   |                         |   |
|   |                              |         |   |   |                         |   |
|   |                              |         |   |   |                         |   |
| Describe in detail the manner cement or other plugs were us   |                              | -       |   |   |                         | Is used in introducing it into the hole. If |
| Plugging Contractor License #:  |                              |         |   | e:  |                         |   |
| Address 1: Address  |                              |         |   | :   |                         |   |
| City:   |                              |         |   | State:  |                         | Zip:+                                       |
| Phone: ( )  |                              |         |   |   |                         |   |
| Name of Party Responsible for   | r Plugging Fees:             |         |   |   |                         |   |
| State of  | County, _                    | ty,     |   | , SS.   |                         |   |
|   | ,                            |         |   |   | imployed of Operator of | Operator on above-described well,           |
| (Print Name)  |                              |         |   | E   | imployee of Operator or | 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.