KOLAR Document ID: 1422307

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 #: | | | I A | PI No. 1 | 15 | |
|-------------------------------------------------------------|-----------------------------|-------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|
| Name: | | | | Spot Description: | | |
| Address 1: | | | | Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section | | |
| Address 2: State: Zip: + | | | | | | |
| | | | | | | |
| Phone: () | | | | NE NW SE SW County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: | | |
| | | | | | | |
| Depth to Top: Bottom: T.D | | | | | | |
| Depth to | Top: Botto | om:T.D | | 00 0 | · | |
| Show depth and thickness of a | all water, oil and gas form | ations. | <u> </u> | | | |
| Oil, Gas or Water | | Casing Record (Surface, Conductor & Production) | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Describe in detail the manner cement or other plugs were us | | • | • | | | ds used in introducing it into the hole. If |
| Plugging Contractor License #: | | | | r: | | |
| Address 1: Addres | | | | | | |
| City: | ty: | | | tate: | | Zip:++ |
| Phone: () | | | | | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | |
| State of | County, . | | | SS. | | |
| | • | | | | mployee of Operator or | Operator on above-described well, |
| (Print Name) | | | | =1 | inhioyee or Operator of | 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.