KOLAR Document ID: 1427368

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: | | | | | | Twp S. R East West |
| | | | | | Feet from | |
| 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: The plugging proposal was approved on: (Date) | | |
| | : List All (If needed attach a | • | | by: | | (KCC District Agent's Name) |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | |
| Do | epth to Top: | Bottom:T.D | | | | |
| Show depth and thickne | ess of all water, oil and gas | formations. | | | | |
| Oil, Gas or Water Records Casing | | | | g Record (Surface, Conductor & Production) | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | cter of same depth placed from | | | | ods used in introducing it into the hole. If |
| Plugging Contractor License #: | | | | ıe: | | |
| Address 1: Ad | | | | ess 2: | | |
| City: | | | | State: | | Zip:+ |
| Phone: () | | | | | | |
| Name of Party Respons | sible for Plugging Fees: | | | | | |
| State of | Co | County, | | , SS. | | |
| | | | | Em | nployee of Operator or | r Operator on above-described well, |
| | (Print Na | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |

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.