KOLAR Document ID: 1433018

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 #:			l APIN	o. 15 -				
OPERATOR: License #: Name:				API No. 15 - Spot Description:				
Address 1:			1 '	•	wp S. R East West			
				Feet from				
City: State: Zip: +				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) Use Water Supply Well Supply	Other: Gas S No If not, is w All (If needed attach anoth	Storage Permit #:	Lease Date V No The pl	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:				
Depth to	o Top: Bot	tom: T.D		Plugging Completed:				
Depth to	o Top: Bot	tom:T.D		ing Completed.				
Show depth and thickness of	all water, oil and gas for	mations.						
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
	•	gged, indicating where the mu of same depth placed from (bo	•		ds used in introducing it into the hole. If			
Plugging Contractor License #:			_ Name:	ne:				
Address 1: Addre				s 2:				
City:			State:		Zip:++			
Phone: ()								
Name of Party Responsible for	or Plugging Fees:							
State of	County	,	, SS.					
(Print Name)				Employee 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.

GLOBAL OIL FIELD SERVICES, LLC0013322

REMIT TO

24 S. Lincoln Russell, KS 67665

SERVICE POINT:

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