

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 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
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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.

Submitted Electronically

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.

NOTICE TO BUYER
Failure of this concrete to give proper results is the responsibility of the contractor who contracts with the buyer of the material's use on the property which is the subject of this contract.

CONDITIONS
Concrete to be delivered to the nearest accessible point only results must be under truck's own power. Due to delivery at owner's or contractor's discretion, water indicates not responsibility for damage to any member of schedule, equipment, containers, machinery, trucks, containers, etc., which are not customer's risk. The maximum allowed time for unloading trucks is 3 minutes per yard. A charge will be made for loading trucks longer. This concrete contains stored water contents not enough for mix purposes. We do not assume responsibility for strength test when water is added to concrete. Payment for concrete must precede place for truck to finish job. A 50¢ charge will be added per truck if contractor does not supply a place to wash truck out. The charges and buyers responsibility.

BUYER'S NAME: BAYONET PETROLEUM (371) 3600 ST
BUYER'S ADDRESS: MORAN, KS 64755
DRIVER/TRUCK: ENCHINGER, JELLY, JR, LA HARPE, MO, MO, 30 E TO 3600 S 1 1/2 TANKS E. SD

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	DRIVER/TRUCK	PLANT/TRANSACTION #
10:37 AM	HELL	3.00	3.00	34	HELL
DATE	LOAD #	YARDS DEL.	BATCH#	WATER TRM	TICKET NUMBER
6/25/10	1	3.00		0.00	10417

WARNING
IRRITATING TO THE SKIN AND EYES
Contains Phosphorus, Sulfur, Barium, Strontium and Calcium. PROLONGED CONTACT MAY CAUSE BURNING, IRRITATION, AND OTHER ADVERSE EFFECTS. Wash Skin Thoroughly with Soap and Water. Flush Thoroughly with Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.
CONCRETE IS A HAZARDOUS COMMODITY and BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LEAVING PLANT.
The undersigned person is not responsible for any damage to property, including but not limited to, caused by the use of this concrete. Payment for concrete must precede place for truck to finish job. A 50¢ charge will be added per truck if contractor does not supply a place to wash truck out. The charges and buyers responsibility.

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
3.00	HELL	HELL TFM SHEETS PER UNIT	3.00	9.00
2.00	TRUCK LINE	TRUCK LINE CHARGE	3.00	6.00
3.00	MIXING	MIXING AND HAULING	3.00	9.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION (CYLINDER TEST TAKEN)	TIME ALLOWED
		11:27	1. JOB NOT READY 2. SLOW POUR OR STOP 3. TRUCK BROKE DOWN 4. SCHED. CHANGED	
LEFT PLANT	ARRIVED JOB	START UNLOADING	5. TRUCK BROKE DOWN 6. ACCIDENT 7. OTHER	TIME DUE
10:48	11:15	11:27		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

ADDITIONAL CHARGE 1 _____
ADDITIONAL CHARGE 2 _____
GRAND TOTAL _____

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 6137
Name Donald & Jack Ensminger
Address R.R. 1 Box 75
Moran, Kansas
City/State/Zip 66755

Purchaser.....

Operator Contact Person Donald Ensminger
Phone 316-237-4320

Contractor: License # Same
Name

Wellsite Geologist.....
Phone.....

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If OWWO: old well info as follows:

Operator,
Well Name,
Comp. Date, Old Total Depth.....

WELL HISTORY

Drilling Method:

Mud Rotary Air Rotary Cable

11-11-87 11-13-87 12-28-87
.....
Spud Date Date Reached TD Completion Date

860,
Total Depth PBD

Amount of Surface Pipe Set and Cemented at 20 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
if alternate 2 completion, cement circulated
from.....feet depth to.....w/.....SX cmt
Cement Company Name Consolidated Chanute, Ks
Invoice # 71735

API NO. 15-..... 001-27933

County..... Allen

NE.. SW.. SE. Sec. 34.. Twp 24.. Rge. 20.. East
..... West

1320..... Ft North from Southeast Corner of Section
3960..... Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

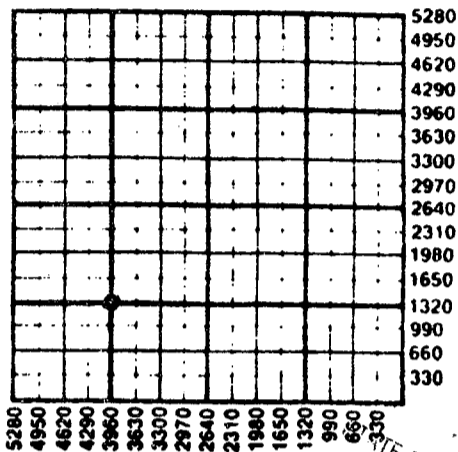
Lease Name Ensminger-Winslow..... Well # A-4.....

Field Name..... Moran

Producing Formation..... Bartlesville

Elevation: Ground.....KB.....

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # E-21631..... Repressuring

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain).....
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

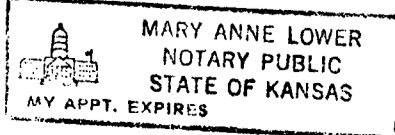
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry, and all other laws applicable to the oil and gas industry, and the statements herein are complete and correct to the best of my knowledge.

Signature Donald Ensminger
Title..... Owner..... Date 12-28-87

Subscribed and sworn to before me this 28th day of December
1987..

Notary Public..... Mary Anne Lower
Date Commission Expires..... May 21, 1988

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Time Log Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)



Operator Name **Donald & Jack Ensminger** Lease Name **Ensminger-Winslow** Well # **A-4**

Sec. **34** Twp. **24** Rge. **20** East West County **Allen**

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name	Top	Bottom
Soil	0	5
Lime-Shale Streaks	5	248
Shale-Lime Streaks	248	621
Shale	621	824
Oil Sand	824	834
Shale to T.D.	834	860

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs/Ft.	Setting Depth	Type of Cement	#Sacks Used	Type and Percent Additives
Surface	10 7/8	7	20	20	Common	5	
Production	5 1/4	2 1/2	6 1/2	849	Common	89	2% Jell
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			
Shots Per Foot	Specify Footage of Each Interval Perforated					Depth	
	9 in. 8' 817-825			50 gal. acid fracked 5 sacks sand 40 bbl jelled water		817-825	
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (explain) injection						
Estimated Production Per 24 Hours	Oil	Gas	Water	Gas-Oil Ratio		Gravity	
	Bbls	MCF	Bbls	CFPB			

METHOD OF COMPLETION

Disposition of gas: Vented Sold Used on Lease
 Open Hole Perforation Other (Specify)

Production Interval

817-825

Dually Completed Commingled