KOLAR Document ID: 1509595

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 | | | |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: | | | | County: | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | Lease Name: Well #: | | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | Date Well Completed: | | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | by: (KCC District Agent's Name) | | | |
| Depth to Top: Bottom: T.D | | | | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | |
| Depth to Top: Bottom:T.D | | | | Plugging Completed: | | | |
| | · | | | | | | |
| Show depth and thickness of | 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 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| cement or other plugs were u | | _ | | | | ds used in introducing it into the hole. If | |
| Plugging Contractor License #: | | | | e: | | | |
| Address 1: | | | Address 2: | | | | |
| City: | | | S | state: | | Zip:+ | |
| Phone: () | | | | | | | |
| Name of Party Responsible for | or Plugging Fees: | | | | | | |
| State of | County, _ | | | SS. | | | |
| | | | | | onlovee of Operator or | Operator on above-described well, | |
| (Print Name) | | | | | iployed of 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.