KOLAR Document ID: 1520287

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 Feet from North / South Line of Section | | | | |
| Address 2: | | | | | | | | |
| 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 #: | | | | County: Well #: Date Well Completed: | | | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | | The plugging proposal was approved on: (Date) | | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | | by:(KCC District Agent's Name) | | | |
| Depth to Top: Bottom: T.D | | | | | Plugging Commenced: | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | | | |
| Depth to | Top: Botto | m: T.D | | 1 14991119 | g completed. | | | |
| Show depth and thickness of a | 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 | \dashv | |
| | | | | | | | | |
| | | | | | | | - | |
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| | | | | | | | | |
| | | | | | | | | |
| Describe in detail the manner cement or other plugs were us | | | | | | ds used in introducing it into the hol | e. If | |
| Plugging Contractor License #: | | | | ame: | | | | |
| Address 1: | | | | ddress 2: | | | | |
| City: | | | | State: | | Zip:+ | | |
| Phone: () | | | | | | | | |
| Name of Party Responsible for | r Plugging Fees: | | | | | | | |
| State of | County, _ | | | , ss. | | | | |
| | | | | E | mployee of Operator or | Operator on above-described v | vell, | |

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.