KOLAR Document ID: 1526874

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 #: | : | | 1 | API No. 15 | | |
|--|--------------------------------|--------------------------------|-----------|---|--|--|
| Name: | | | | Spot Description: | | |
| Address 1: | | | | Sec | | |
| | | | | Feet fro | | |
| 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: Lease Name: Well #: Date Well Completed: (Date) | | |
| Producing Formation(s): | : List All (If needed attach a | nnother sheet) | | by: | (KCC District Agent's Name) | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | |
| De | epth to Top: | Bottom:T.D | | | | |
| Show depth and thickne | ses of all water oil and gas | e formations | | | | |
| 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 | |
| | | Jana y | | 3 3 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | cter of same depth placed froi | | | thods used in introducing it into the hole. If | |
| Plugging Contractor License #: | | | Name: | ne: | | |
| Address 1: Add | | | Address 2 | : | | |
| City: | | | : | State: | | |
| Phone: () | | | | | | |
| Name of Party Respons | ible for Plugging Fees: | | | | | |
| State of | Co | County, | | , SS. | | |
| | | | | Employee of Operator | or 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.