KOLAR Document ID: 1582093

**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:  |                              |         |   | Feet from North / South Line of Section  |   |   |  |
| Address 2:  |                              |         |   |  |   |   |  |
| City:   |                              |         |   |  |   |   |  |
| 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   |                              |         |   | Plugging Commenced.  Plugging Completed: |   |   |  |
| Depth to Top: Bottom: T.D   |                              |         |   | - Plugging 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                                  |  |
|   |                              |         |   |  |   |   |  |
|   |                              |         |   |  |   |   |  |
|   |                              |         |   |  |   |   |  |
|   |                              |         |   |  |   |   |  |
|   |                              |         |   |  |   |   |  |
|   |                              |         |   |  |   |   |  |
| Describe in detail the manner cement or other plugs were us   |                              | -       |   | •  |   | ds used in introducing it into the hole. If |  |
| Plugging Contractor License #:  |                              |         |   | ne:                                      |   |   |  |
| Address 1:  |                              |         |   | ress 2:                                  |   |   |  |
| City:   |                              |         |   | State:                                   |   | Zip:+                                       |  |
| Phone: ( )  |                              |         |   | -  |   |   |  |
| Name of Party Responsible for   | r Plugging Fees:             |         |   |  |   |   |  |
| State of  |                              |         | , ss.   |  |   |   |  |
|   |                              |         |   | _  | ployee 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.