KOLAR Document ID: 1586622

**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:  |                              |         |           | SecTwp S. R EastWest 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 SW County: |                         |   |  |
| 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 #:                              |                              |         |           | Date Well Completed:   |                         |   |  |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No       |                              |         |           | The plugging proposal was approved on:   |                         |   |  |
| Producing Formation(s): List All (If needed attach another sheet) |                              |         |           | by: (KCC <b>District</b> Agent's Name)  Plugging Commenced:  |                         |   |  |
| Depth to Top: Bottom: T.D   |                              |         |           |  |                         |   |  |
| Depth to Top: Bottom: T.D   |                              |         |           |  |                         |   |  |
| Depth to Top: Bottom: T.D   |                              |         |           |  |                         |   |  |
|   |                              |         |           |  |                         |   |  |
| Show depth and thickness of a                                     | all water, oil and gas forma | ations. |           |  |                         |   |  |
| Oil, Gas or Water Records   |                              |         | Casing Re | Casing Record (Surface, Conductor & Production)  |                         |   |  |
| Formation   | Content                      | Casing  | Size      |  | Setting Depth           | Pulled Out                                  |  |
|   |                              |         |           |  |                         |   |  |
|   |                              |         |           |  |                         |   |  |
|   |                              |         |           |  |                         |   |  |
|   |                              |         |           |  |                         |   |  |
|   |                              |         |           |  |                         |   |  |
|   |                              |         |           |  |                         |   |  |
| cement or other plugs were us                                     |                              | -       |           |  |                         | ds used in introducing it into the hole. If |  |
| Plugging Contractor License #:                                    |                              |         |           | e:   |                         |   |  |
| Address 1:  |                              |         |           | ess 2:   |                         |   |  |
| City:   |                              |         |           | State:   |                         | Zip:+                                       |  |
| Phone: ( )  |                              |         |           |  |                         |   |  |
| Name of Party Responsible fo                                      | r Plugging Fees:             |         |           |  |                         |   |  |
| State of  | County                       |         |           | . SS.  |                         |   |  |
|   |                              |         |           | · —  | F 1 (0 :                |   |  |
| (Print Name)  |                              |         |           | Ш  | Employee of Operator or | 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.