KOLAR Document ID: 1589654

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 |
| City: State: Zip: + | 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 #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) | County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: |
| Depth to Top: Bottom:T.D | |

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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

| Plugging Contractor License #: | Name: |
|--|---|
| Address 1: | Address 2: |
| City: | State: Zip: + |
| Phone: () | |
| Name of Party Responsible for Plugging Fees: | |
| State of County, | , ss. |
| (Print Name) | 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.

Submitted Electronically

14741 00 00 00 00 00 00 00 00 20 00 50 Amount 480. CK 7655 No. 0 23 20, 240. 224. SS. 115, 1660 200 TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual 1530, 16 130, -----2-92-Zip 120,00 16,00 20,00 00 200,00 Price 00% 81 85,00 124 0 SS. Thank You - We appreciate your business! Date 1 100 State percentage rate of 18% will be charged to accounts after 30 days. 0 60 emento 10 ks 25 5 Box 87 - 776 HWY 99 Cell: (620) 249-2519 Eve: (620) 725-5538 Cash ELMORE'S INC. Sedan, KS 67361 S meske 5 N - nc SKS Cemens N 5400 Description 350 0 04400 150 tador CMOMS #X 000 11:40 Q nd We d 600 5 1 + 00 Rach B 5 Well STATEMENT 0 Rec'd. by NN 00 STORE #0501 (918) 335-9135 040 207 67 Customer Address C 0 Qty. City 9 150 2