KOLAR Document ID: 1589658

**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                                                        |                         |                                             |  |
| Address 2:                                                                                          |                              |         |           | Feet from North / South Line of Section Feet from East / West Line of Section |                         |                                             |  |
| City:                                                                                               |                              |         |           |                                                                               |                         |                                             |  |
| 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 #: |                              |         |           | County: Well #:                                                               |                         |                                             |  |
| ENHR Permit #:                                                                                      |                              |         |           | 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 <b>District</b> Agent's Name) Plugging Commenced:                    |                         |                                             |  |
| Depth to Top: Bottom: T.D                                                                           |                              |         |           |                                                                               |                         |                                             |  |
| Depth to Top: Bottom: T.D                                                                           |                              |         |           | Plugging Completed:                                                           |                         |                                             |  |
| Depth to Top: Bottom: T.D                                                                           |                              |         |           |                                                                               | g completed.            |                                             |  |
|                                                                                                     |                              |         |           |                                                                               |                         |                                             |  |
| 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                                  |  |
|                                                                                                     |                              |         |           |                                                                               |                         |                                             |  |
|                                                                                                     |                              |         |           |                                                                               |                         |                                             |  |
|                                                                                                     |                              |         |           |                                                                               |                         |                                             |  |
|                                                                                                     |                              |         |           |                                                                               |                         |                                             |  |
|                                                                                                     |                              |         |           |                                                                               |                         |                                             |  |
| Describe in detail the manner cement or other plugs were us                                         |                              | _       |           |                                                                               |                         | Is used in introducing it into the hole. If |  |
| Plugging Contractor License #:                                                                      |                              |         |           | e:                                                                            |                         |                                             |  |
| Address 1: Address                                                                                  |                              |         |           | :                                                                             |                         |                                             |  |
| City:                                                                                               |                              |         | \$        | State:                                                                        |                         | Zip:+                                       |  |
| Phone: ( )                                                                                          |                              |         |           |                                                                               |                         |                                             |  |
| Name of Party Responsible for                                                                       | r Plugging Fees:             |         |           |                                                                               |                         |                                             |  |
| State of                                                                                            | County, _                    |         |           | , ss.                                                                         |                         |                                             |  |
|                                                                                                     | <i>3</i> , –                 |         |           | _                                                                             | implayed of Onerster -  | Operator on obeyed decertibed               |  |
| (Print Name)                                                                                        |                              |         |           | E                                                                             | imployee 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.