KOLAR Document ID: 1649899

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: | | | | | | |
| Address 2: | | | | | Feet from | |
| 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 #: 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. Depth to Top: Bottom: T.D. | | | | County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | |
| Oil, Gas or Water Records | | | Casing F | sing Record (Surface, Conductor & Production) | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| cement or other plugs were us | sed, state the character of | same depth placed from (bot | ttom), to (| top) for each | n plug set. | |
| Plugging Contractor License #: | | | | ne: | | |
| Address 1: | | | | ldress 2: | | |
| City: | | | | State: | | Zip:+ |
| Phone: () | | | | - | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | |
| State of | County, _ | | | , SS. | | |
| | | | | Fmi | plovee of Operator or | Operator on above-described well, |
| (Print Name) | | | | | p. 5,00 or Operator of | 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.