KOLAR Document ID: 1662330

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 |
| 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 #: | County: Vell #: Vell #: Date Well Completed: |
| Is ACO-1 filed? | The plugging proposal was approved on: (Date) |
| Producing Formation(s): List All (If needed attach another sheet) | by: (KCC District Agent's Name) |
| Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. | Plugging Commenced: |

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 #: N | | | ame: | | | | |
|-------------------------------------|--------------|--|----------------|-----------------------------|--------------------|--|--|
| Address 1: | | | Address 2: | | | | |
| City: | | | State: | Zip: | + | | |
| Phone: () | | | | | | | |
| Name of Party Responsible for Pluge | ging Fees: | | | | | | |
| State of | County, | | _ , SS. | | | | |
| | (Print Name) | | Employee of Op | erator or 🗌 Operator on abo | ve-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