Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

# Kansas Corporation Commission <br> Oil \& Gas Conservation Division 

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License \#: 3273
Name: Herman L. Loeb, LLC
Address 1: $\quad$ PO BOX 838
Address 2:
City: LAWRENCEVILLE State: IL__ Zip: $62439+0838$ _
Contact Person: Tracy Black
Phone: (618 ) 943-2227

Producing Formation(s): List All (If needed attach another sheet)


API No. 15-15-095-21344-00-00
Spot Description:

SE - NW NE NW Sec. 11 Twp. 29 S. R. $10 \square$ East $\boldsymbol{Z}$ West | 4628 | Feet from |
| :--- | :--- | :--- |
| 3313 | North / $\boldsymbol{\nearrow}$ South Line of Section |
|  | Feet from |
| $\boldsymbol{L}$ | East $/ \square$ West Line of Section | Footages Calculated from Nearest Outside Section Corner:

$\square \mathrm{Ne} \square \mathrm{NW} \square \mathrm{se} \square \mathrm{sw}$

County: Kingman
Lease Name: ALBERS B Well \#: 2
Date Well Completed:
The plugging proposal was approved on:
by:
y:___
(KCC District Agent's Name)
Plugging Commenced: 12/16/2022
Plugging Completed: $\quad 12 / 21 / 2022$

Show depth and thickness of all water, oil and gas formations.

| Oil, Gas or Water Records |  | Casing Record (Surface, Conductor \& Production) |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | Content | Casing |  | Size | Setting Depth |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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.

## Set CIBP @ 2490' with 2sx <br> 1550' 50sx tag @ 1090' <br> 950' 35sx <br> 350 ' to surface class A cement 140sx <br> Job complete <br> Recovered 1610' 4.5 csg

Plugging Contractor License \#: 31925 Name: Quality Well Service, Inc.
Address 1: PO BOX 468
Address 2: $\qquad$
City: PRATT State: KS Zip: $67124 \ldots+0468$

Phone: ( 620 ) 727-6964
Name of Party Responsible for Plugging Fees: Herman Loeb
State of __ County, __ , ss.

## (Print Name)

Employee of Operator or $\square$ 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.

