KOLAR Document ID: 1679952

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 # | : | | APIN | No. 15 | | |
|---|-------------------------------|--------------------------------|---------------|---|--|--|
| Name: | | | | Spot Description: | | |
| Address 1: | | | | Sec | | |
| | | | | Feet fron | | |
| City: | | | | 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. | | | | County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: | | |
| · | | | | | | |
| Depth to Top: Bottom: T.D | | | | | | |
| De | epth to Top: | Bottom:T.D | | | | |
| Show depth and thickne | ess of all water, oil and gas | s formations | | | | |
| | | | Casing Record | (Surface, Conductor & Prod | duction) | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | |
| · omaton | Comon | - Cubing | 0.23 | Johnning 2 op in | . 4.154 541 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | cter of same depth placed fron | • | | ods used in introducing it into the hole. If | |
| Plugging Contractor License #: | | | Name: | ne: | | |
| Address 1: Addr | | | Address 2: | | | |
| City: | | | State | : | | |
| Phone: () | | | | | | |
| Name of Party Respons | sible for Plugging Fees: | | | | | |
| State of | Co | unty, | , SS. | | | |
| | | | | Employee of Operator of | r Operator on above-described well, | |
| | (Print Na | | | Employee of Operator of | Detailed 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.