KOLAR Document ID: 1731286

**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 -                                                                        |                                              |  |  |  |
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|                                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
| Address 1:                                                                     |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I .                       | •                                                                           | Twp S. R East West                           |  |  |  |
|                                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Feet from                                                                   |                                              |  |  |  |
| City:                                                                          | State:                                                                                                    | Zip: +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | Feet from East / West Line of Section                                       |                                              |  |  |  |
| Contact Person:                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Footage                   | s Calculated from Near                                                      | rest Outside Section Corner:                 |  |  |  |
| Phone: ( )                                                                     |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | □ NE □ NW                                                                   | SE SW                                        |  |  |  |
| Water Supply Well ENHR Permit #:  Is ACO-1 filed? Yes  Producing Formation(s): | Other: Ga  No If not, i  List All (If needed attach a                                                     | SWD Permit #:  as Storage Permit #:  swell log attached? Yes [  nother sheet)  Bottom: T.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lease N  Date We The plug | County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) |                                              |  |  |  |
| De                                                                             | pth to Top:                                                                                               | Bottom: T.D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ""                        | Plugging Commenced:                                                         |                                              |  |  |  |
| De                                                                             | pth to Top:                                                                                               | Bottom:T.D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ——— Plugging              | g Completed:                                                                |                                              |  |  |  |
|                                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
| Show depth and thickness                                                       | ss of all water, oil and gas                                                                              | formations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                             |                                              |  |  |  |
| Oil, Gas or V                                                                  | or Water Records  Casing Record (Surface, Conductor & Production)  Size  Size  Setting People  Pulled Out |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             | luction)                                     |  |  |  |
| Formation                                                                      | Content                                                                                                   | Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Size                      | Setting Depth                                                               | Pulled Out                                   |  |  |  |
|                                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
|                                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
|                                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
|                                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
|                                                                                |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
|                                                                                |                                                                                                           | plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t | ·                         |                                                                             | ods used in introducing it into the hole. If |  |  |  |
| Plugging Contractor Lice                                                       | ense #:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _ Name:                   | e:                                                                          |                                              |  |  |  |
| Address 1: Addres                                                              |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
| City:                                                                          |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State:                    |                                                                             |                                              |  |  |  |
| Phone: ( )                                                                     |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
| Name of Party Responsil                                                        | ble for Plugging Fees:                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                             |                                              |  |  |  |
| State of                                                                       | Cou                                                                                                       | unty,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , SS.                     |                                                                             |                                              |  |  |  |
|                                                                                | (Print Na                                                                                                 | ma)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E                         | mployee 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.



Cement, Acid, or Tools

Service Ticket

Ticket # 92820231

CHARGE TO: RUNNING FOXES PETROLEUM, INC.

 LEASE & WELL NO.:\_\_\_\_ HOLEMAN 1-22A-1
 OPERATOR
 Running Foxes Petroleum

 KIND OF JOB:\_\_\_\_\_ P&A
 SEC.\_22\_\_\_ TWP.\_24\_ RNG.\_\_21 E\_\_\_\_\_

API# 15-001-30603

Time Out: Time On: Time Off: Time In: Total Hrs: 4.0

Mileage Out: Mileage In: Total Miles:

| Quantity   | М                                                           | aterial             | Used                  |           | Serv. Charge |         |  |  |  |
|------------|-------------------------------------------------------------|---------------------|-----------------------|-----------|--------------|---------|--|--|--|
| 30         | PORTLAND CEMENT                                             |                     |                       |           |              |         |  |  |  |
|            |                                                             |                     |                       |           |              |         |  |  |  |
|            |                                                             |                     |                       |           |              |         |  |  |  |
|            |                                                             |                     |                       |           |              |         |  |  |  |
|            |                                                             |                     |                       |           |              |         |  |  |  |
|            |                                                             |                     |                       |           |              |         |  |  |  |
|            |                                                             |                     |                       |           |              |         |  |  |  |
|            |                                                             |                     |                       |           |              |         |  |  |  |
|            | PUMP CHARGE                                                 |                     |                       |           |              |         |  |  |  |
|            | BULK CHARGE                                                 |                     |                       |           |              |         |  |  |  |
|            | BULK TRK. MILES                                             |                     |                       |           |              |         |  |  |  |
|            | PUMP TRK MILES                                              |                     |                       |           |              |         |  |  |  |
|            | WATER TRK HRS                                               |                     |                       |           |              |         |  |  |  |
|            | 2,000# VALVE                                                |                     |                       |           |              |         |  |  |  |
|            |                                                             |                     |                       |           | SALES TAX    |         |  |  |  |
|            |                                                             |                     |                       |           | TOTAL        |         |  |  |  |
| Γ.D.       | 878'                                                        |                     | CSG SET AT            | 726'      | VOLUME       |         |  |  |  |
| SIZE HOLE  | 2.875"                                                      |                     | Open Hole             |           | VOLUME       |         |  |  |  |
| MAX PRESS. |                                                             |                     | PIPE SIZE             |           |              |         |  |  |  |
| PLUG DEPTH |                                                             |                     | PKER DEPTH Cement Wt. |           |              |         |  |  |  |
| REMARKS:   | Pumped 30 sacks of Port                                     | tland Cer           |                       | surface.  |              |         |  |  |  |
| nem mas.   | - ampea so saud of the drained centeric from 15 to surface. |                     |                       |           |              |         |  |  |  |
|            | -                                                           |                     |                       |           |              |         |  |  |  |
|            |                                                             |                     | IT 11655              |           |              |         |  |  |  |
| NAME:      |                                                             | QUIPMEN<br>NIT NO.# |                       | NAME:     |              | UNIT#   |  |  |  |
| IVAIVIL.   | 6T                                                          | W.#                 |                       | Chuck L   | arge         | JIIII π |  |  |  |
|            | Mud Pump                                                    |                     | <del></del>           | John Aker |              |         |  |  |  |
|            | •                                                           |                     | <del>_</del>          | Levi Bin  |              |         |  |  |  |
|            |                                                             |                     |                       | CainO     |              |         |  |  |  |