KOLAR Document ID: 1777966

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Storm: T.D. Storm: T.D. Depth to Top: Bottom: T.D. Storm: T.D. Storm: Sto	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Diversion Completed:
Depth to Top: Bottom: T.D	Plugging Completed:

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

Oil, Gas or Wate	r 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 #:	_ Name:	
Address 1:	_ Address 2:	
City:	State: Zip: +	
Phone: ()		
Name of Party Responsible for Plugging Fees:		
State of County,	, SS.	
(Print Name)	Employee of Operator or Operator on above-described	l 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

SW	FT			CHA	RGE T	o: Man	ss Friergy C	1	1					TICKET	37221	
E AL				ADD	RESS	<u>ITTE Guine</u>	S Energy	criysk	Jay							
Service	s, Inc.			CITY	, STAT	E, ZIP CODE								PAGE 1	OF	
SERVICE LOCATIONS	6	WELL/PROJE	CTNC).	LEASE	porchet	COUNTY/PARISH		STATE	CITY				DATE	OWNER	
2. Ness	City	TICKET TYPE	CONT	RACTOR	1	,	RIG NAME/NO.		SHIPPED	DELIVER		-		ORDER NO.		
3.		WELL TYPE	1	12112	WELL		OB PURPOSE		107	1	ERMIT N	- I definish		WELL LOCATION		
4. REFERRAL LOCAT	ION	INVOICE INS	TRUCT	IONS	Vi	IN YOURR	PTH									
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START OF WORK OR D	ELIVERY OF GOODS.						OX 466	AND PERFO CALCULATI SATISFACT	IONS					TAX	Sent Specifi	
DATE SIGNED	Т	IME SIGNED	-	□ A.M.	-		7, KS 67560				YES				3	Ι
P.M.					_				USTOMER D	STOMER DID NOT WISH TO RESPOND			- TOTAL			
SWIFT OPERATOR		R ACCEPTA	NCE O		PPRO		customer hereby acknow	owledges	receipt	of the ma	aterials a	and servic	es liste			
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JOB LC	G				SWIFT Se	rvices. Inc.	DATE PAGE NO.
CUSTOMER WELL NO.					LEASE	JOB TYPE	TICKET NO.
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							Thomas Da
						Davis, S.	Fyll Austin & Da