KOLAR Document ID: 1785079

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 #: | | | AP | Pl No. 15 | | | | | | | | | |
|---|-----------------------------|---------|--------------|--|---|--|---|---|---|--|---|------------------------------------|--|
| Name: | | | | Spot Description: | | | | | | | | | |
| Address 1: | | | | SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW Section County: Lease Name: Well #: Date Well Completed: Total County: County: County: County: County: County: County: Negligible Section Corner: | | | | | | | | | |
| Address 2: | | | | | | | | | | | | | |
| City: State: Zip: + Contact Person: Phone: () Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: | | | | | | | | | | | | | |
| | | | | | | | Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | The plugging proposal was approved on: (Date) | | |
| | | | | | | | Producing Formation(s): List A | • | * | | | (KCC District Agent's Name) | |
| | | | | | | | Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | |
| Depth to Top: Bottom: T.D | | | | Plugging Completed: | | | | | | | | | |
| Depth to | o lop: Botto | om:T.D | | | | | | | | | | | |
| Show depth and thickness of a | all water, oil and gas form | ations. | | | | | | | | | | | |
| Oil, Gas or Water Records | | | Casing Recor | Casing Record (Surface, Conductor & Production) | | | | | | | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Describe in detail the manner cement or other plugs were us | | | | | nods used in introducing it into the hole. If | | | | | | | | |
| Plugging Contractor License #: | | | | | | | | | | | | | |
| Address 1: | | | _ Address 2: | | | | | | | | | | |
| ity: | | | Sta | ite: | | | | | | | | | |
| Phone: () | | | | | | | | | | | | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | | | | | | | | |
| State of County, | | | , s | | | | | | | | | | |
| | | | | Employee of Operator of | 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.