KOLAR Document ID: 1801313

**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 #:                                                                                                                      |                            |                                                                 | I API         | No. 15 -                                                    |                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------|---------------|-------------------------------------------------------------|----------------------------------------------|--|
| Name:                                                                                                                                     |                            |                                                                 |               | Spot Description:                                           |                                              |  |
| Address 1:                                                                                                                                |                            |                                                                 |               |                                                             | Гwp S. R East West                           |  |
| Address 2:                                                                                                                                |                            |                                                                 |               | Feet from                                                   |                                              |  |
| City:                                                                                                                                     | State:                     | Zip:+                                                           |               | Feet from                                                   |                                              |  |
| 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 #: |                            |                                                                 |               | County:                                                     |                                              |  |
| 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 All (If needed attach another sheet)                                                                         |                            |                                                                 |               | by: (KCC <b>District</b> Agent's Name)  Plugging Commenced: |                                              |  |
| Depth to Top: Bottom: T.D                                                                                                                 |                            |                                                                 |               |                                                             |                                              |  |
| Depth to Top: Bottom: T.D                                                                                                                 |                            |                                                                 |               | Plugging Completed:                                         |                                              |  |
| Depth to                                                                                                                                  | Тор: Во                    | ttom: T.D                                                       | —   `         |                                                             |                                              |  |
| Show depth and thickness of a                                                                                                             | all water, oil and gas for | mations                                                         |               |                                                             |                                              |  |
|                                                                                                                                           |                            |                                                                 | Casing Record | g Record (Surface, Conductor & Production)                  |                                              |  |
| Formation                                                                                                                                 | Content                    | Casing                                                          | Size          | Setting Depth                                               | Pulled Out                                   |  |
|                                                                                                                                           |                            | , ,                                                             |               | 0 1                                                         |                                              |  |
|                                                                                                                                           |                            |                                                                 |               |                                                             |                                              |  |
|                                                                                                                                           |                            |                                                                 |               |                                                             |                                              |  |
|                                                                                                                                           |                            |                                                                 |               |                                                             |                                              |  |
|                                                                                                                                           |                            |                                                                 |               |                                                             |                                              |  |
|                                                                                                                                           |                            |                                                                 |               |                                                             |                                              |  |
|                                                                                                                                           | •                          | gged, indicating where the muc<br>of same depth placed from (bo |               |                                                             | ods used in introducing it into the hole. If |  |
| Plugging Contractor License #:                                                                                                            |                            |                                                                 | Name:         | e:                                                          |                                              |  |
| Address 1: Addres                                                                                                                         |                            |                                                                 |               |                                                             |                                              |  |
| City:                                                                                                                                     |                            |                                                                 | State         | e:                                                          |                                              |  |
| Phone: ( )                                                                                                                                |                            |                                                                 |               |                                                             |                                              |  |
| Name of Party Responsible fo                                                                                                              | r Plugging Fees:           |                                                                 |               |                                                             |                                              |  |
| State of County,                                                                                                                          |                            |                                                                 | , SS.         |                                                             |                                              |  |
| (Print Name)                                                                                                                              |                            |                                                                 |               | Employee 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.