KOLAR Document ID: 1819059

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: | ' | • | Twp S. R East West | |
| Address 2: | | Feet from North / South Line of Section | | |
| City: | + | Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: | | |
| Contact Person: | Footage | | | |
| Phone: () | | □ NE □ NW | SE SW | |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. | Lease N Date We The plug by: | Lease Name: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: | | |
| Depth to Top: Bottom: T.D. | | | | |
| Depth to Top: Bottom:T.D. | | g Completed | | |
| | | | | |
| Show depth and thickness of all water, oil and gas formations. | | | | |
| Oil, Gas or Water Records | Casing Record (Su | ng Record (Surface, Conductor & Production) | | |
| Formation Content Casing | Size | Setting Depth | Pulled Out | |
| | | | | |
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| | | | | |
| | | | | |
| Describe in detail the manner in which the well is plugged, indicating where to the cement or other plugs were used, state the character of same depth placed from the | · | | ods used in introducing it into the hole. If | |
| Plugging Contractor License #: | Name: | | | |
| Address 1: | Address 2: | | | |
| City: | State: | | | |
| Phone: () | | | | |
| Name of Party Responsible for Plugging Fees: | | | | |
| | | | | |
| State of County, | | | | |

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.