KOLAR Document ID: 1841460

**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 Feet from East / West Line of Section |                                   |   |  |
| City:   |                              |         |             |   |                                   |   |  |
| 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 #: |                              |         |             | County: Well #:   |                                   |   |  |
| ENHR Permit #: Gas Storage Permit #:  |                              |         |             | Date Well Completed:  |                                   |   |  |
| 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 Top: Bottom: T.D   |                              |         |             | agging '  | Completed.                        |   |  |
|   |                              |         |             |   |                                   |   |  |
| Show depth and thickness of a   | all water, oil and gas forma | ations. |             |   |                                   |   |  |
| Oil, Gas or Water Records   |                              |         | Casing Reco | ng Record (Surface, Conductor & Production)                                   |                                   |   |  |
| Formation   | Content                      | Casing  | Size        |   | Setting Depth                     | Pulled Out                                  |  |
|   |                              |         |             |   |                                   |   |  |
|   |                              |         |             |   |                                   |   |  |
|   |                              |         |             |   |                                   |   |  |
|   |                              |         |             |   |                                   |   |  |
|   |                              |         |             |   |                                   |   |  |
|   |                              |         |             |   |                                   |   |  |
| cement or other plugs were us   |                              | •       | •           |   |                                   | ds used in introducing it into the hole. If |  |
| Plugging Contractor License #: Nam  |                              |         |             |   |                                   |   |  |
| Address 1: Address  |                              |         |             |   |                                   |   |  |
| City:   |                              |         | Sta         | ate:  |                                   | Zip:+                                       |  |
| Phone: ( )  |                              |         |             |   |                                   |   |  |
| Name of Party Responsible for Plugging Fees:  |                              |         |             |   |                                   |   |  |
| State of Cou  |                              | /,      |             | is.   |                                   |   |  |
|   |                              | Γ       | Em          | nployee of Operator or  | Operator on above-described well, |   |  |
| (Print Name)  |                              |         |             | '   | ipioyee 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.