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
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

API Number: __15 - 167-21917-0002 Lease Operator: Scholbohm Oil Operations Lease Name:___ Address: 47 Michawanie Road #3D, Sanbornville, NH 03873-3787 _____ Operator License #: 4952 Well Number: Phone: (603) 522 -9760 Spot Location (QQQQ): _____ - SE _ - SE _ - SE Type of Well: Oil 330 (If SWD or ENHR) (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Feet from North / South Section Line Feet from East / West Section Line The plugging proposal was approved on: _ Sec. 9 Twp. 14 S. R. 13 East West 6 _____ (KCC **District** Agent's Name) bv: County: Russell If not, is well log attached? Yes No Is ACO-1 filed? Yes ✓ No Producing Formation(s): List All (If needed attach another sheet) Date Well Completed: -Plugging Commenced: 12-13-04 T.D. _ Depth to Top: ____ ____ T.D. __ Plugging Completed: 12-14-04 _ Bottom: Depth to Top: ___ Depth to Top: _ Bottom: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Pulled Out Size Put In From То Formation Content 437 8 5/8 2000' 4 1/2 2437 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. Ripped 2109', worked pipe, ripped 2000', worked free, pulled to 1600', pumped 80 sacks, pulled to 800', pumped 40 sacks, pulled to 450', pumped 30 sacks, pulled to 200', circulated with 40 sacks. Name of Plugging Contractor: Quality Well Service, Inc. Address: 401 West Main, Lyons, KS 67554 Name of Party Responsible for Plugging Fees: Scholbohm Oil Operations State of NEW AAMPSHIRE County, CARROLL , ss. F. SCALOBOHM STARK F. JCHLO BOHIVI (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. (Address) 47 MICHAWANIC READ #3D, SANBORNVICLE, NH SUBSCRIBED and SWORN TO before me this 28 day of 1 DNUARY JoAnne M. MacDonald NOTARY PUBLIC OF NEW HAMPSHIRE

My Commission Expires AMail 14: 2609 - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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