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

Lease Operator: MA & MC OIL & GAS LLC						API Number: 15 - 159-22296 - 00-00				
Address: 602 S CLARK LYONS KS 67554						Lease Name: JOHNSON				
Phone: (620) 727 - 3410 Operator License #: 32775					Well Number: 47					
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Docket #: (If SWD or ENHR) The plugging proposal was approved on: 8/28/05 (Date)					Spot Location (QQQQ): 2 21 7					
						1170 Feet from East / West Section Line				
by: DOUG LOIUS (KCC District Agent's Name) Is ACO-1 filed? Yes No If not, is well log attached? Yes No						Sec. 2 Twp. 21 S. R. 7 East West County:				
Producing Formation(s): List All (If needed attach another sheet)						Date Well Completed:				
MISS Depth to Top: 3424 Bottom: 3481 T.D.					Plugging Commenced: 1/11/06					
	Depth to Top:	Top: Bottom: T.D			Plugging Commenced:					
Depth to Top: Bottom: T.D					Plugging Completed: 1/16/06					
Show depth and thickness	of all water, oil and gas	formations.					Marketinin ili aveksipta myöyisidi vi in ilijin kulova akidi avad 1900-l	······································	aprovijeju nemonika nemonicija njejvijeju	
					Surface Conductor & Production)					
Formation	ormation Content		From To Size			Put In	Pulled Out			
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Describe in detail the mannihole. If cement or other please SANDED TO 3361 B PULLED TO 265	lugs were used, state the	character of	same depth p	laced from (bott	tom), to (top) for each plug	set.	J		
							R	-CFI		
Name of Plugging Contractor: QUALITY WELL SERVICE					License #: 31925 AN 2 1 2000					
Address: 401 W MAIN LYONS KS 67554						license #	JA	N 3 1 2	:006	
Name of Party Responsible for Plugging Fees: MA & MC OIL & GAS LLC							KC) WIC	HIA	
State of	County,	TRI	7	, ss.	and the second s	the state of the s		Annual and experience of the first of the fi	and any other first or the state of the stat	
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sworn on oath, says: That same are true and correct,		facts statemer	its, and matte			or) or (Operator) or the log of the abo				
	,	(Signature)	(for 7	Vm					
NORMA BOA	RDMAN	(Address)	U	102	B C	emh J	yors	The	67552	
My Appt. Expires 01-03	of Kansas - 09 UBS RIBED and S	WORN TO be	fore me this ∠	スタナ/Iday of_	X'	amony		,2	006	
	Morma	Notary Pub	mon	Му	y Commis	ssion Expires:	01-03-0	9	erenneng Manager og en gang ganger	

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