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Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commissionar 2 9 2006

WELL PLUGGING RECORFICC WICHITA

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

Form CP-4

Lease Operator: Hummon Corporation API Number: 15 - 007-22010 - 60 - 60 Lease Name:_Dick Address: 950 N. Tyler Road, Wichita, KS 67212-3240 Well Number: 1-6 Phone: (316) 773 -2300 Operator License #: 5050 Spot Location (QQQQ): _____ - C Type of Well: __ (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR) Feet from North / South Section Line The plugging proposal was approved on: 3/10/2006Feet from 🗹 East / 🔲 West Section Line by: Steve Durant _ (KCC District Agent's Name) Barber Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Date Well Completed:-Depth to Top: 3613 Bottom: 3619 T.D. 3676 3/10/2006 Plugging Commenced: Depth to Top: _____ Bottom: ___ ___ T.D. _ Plugging Completed: 3/14/2006 __ Bottom: ___ Depth to Top: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Formation Content То Put In Pulled Out 8 5/8 227 None 5 1/2 3740 2500 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. 3/10 - MIRU, lay down rods and tubing, set CIBP at 3560', spot 2 sacks cement with dump bailer, rig up tools, stretch pipe 3/14 - stretch and cut pipe at 2500', lay down casing, run 2 3/8" tubing to 600', Allied load hole with 10 sacks gel, 300# hulls, spot 50 sacks 60/40 POZ 6% gel, pull tubing to 240', spot 50 sacks, pull to 40', load to surface, top off 22' sand 2 sacks quick crete Name of Plugging Contractor: Clarke Corporation Address: P.O. Box 187, Medicine Lodge. KS 67104 Name of Party Responsible for Plugging Fees: Hummon Corporation Barber State of Kansas John Swinford _ (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. (Signature) Jumps (Address) P.O. Box 187, Medicine Lodge, KS 67104 GLENDA MORRISON HOTARY PUBLIC STATE OF KANSAS My Appt. Exp. 4/30/06 SUBSCRIBED and SWORN TO before me this 27 day of March Notary-Public My Commission Expires: 11/30/06

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202