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

Form CP-4

December 2003

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

K.A.R. 82-3-117

Lease Operator: Thomason Petroleum Inc.					API Number: 15 - 163-21-304 -00 -00	
Address: Box 875, Hays, Kansas 67601					Lease Name:	
Phone: (785) 625 -9045 Operator License #: 9957					Well Number:	
Type of Well: Oil Docket #:					660	.: <u>W/2 </u>
The plugging proposal was approved on: June 14th 2006 (Date)					3630 Feet from 🗸	East / West Section Line
by: Herb Deines (KCC District Agent's Name)					Sec 7	S. R
ls ACO-1 filed? ✓ Yes ☐ No If not, is well log attached? ☐ Yes ✓ No					County: Rooks	
Producing Formation(s): List All (If needed attach another sheet) L/KC Depth to Top: 3260 Bottom: 3289 T.D. 3390					Date Well Completed: 6/15/2006 Plugging Commenced:	
Depth to Top: Bottom: T.D					Plugging Commenced:	
Depth to Top: Bottom: T.D					Plugging Completed: 6/15/2006 5: P.M.	
Show depth and thickness						
Oil, Gas or Wa		Torriations.		Casing Record (S	Surface Conductor & Produc	tion)
Formation	Content	From	То	Size	Put In	Pulled Out
L/KC	limestone	Surface	336'	8 5/8"	336'	none
		Surface	3389	4,112" 5	1/2" 3389	none
				vecto	107/06	
				- Ecco	127/06 PUT PETCP2	13
hole. If cement or other plu Backside, pumped 12 sx o	ugs were used, state the cement to max PSI. of	character of s	same depth p	placed from (botto an 2500' of tubing	om), to (top) for each plug g, Pumped 185 sx of 60-	methods used in introducing it into the set. 40 pos mix, 10% gel with 500# huls 5sx of cement to max PSI. of
500#. Shut in PSI. 500#						
Name of Plugging Contracto	Profession	nal f	Ulling	z Serv	ices LLC License #: 2	3 2817
					License #:	
Address: Box 31, Russe						V COPICT
Name of Party Responsible	for Plugging Fees: Th	omason Pe	troleum In	C.		Water Del
State of Kansas	County, _	ellis		, ss.		0151100 cp2/3
Steven Thomason				(Employee of	Operator) or (Operator) o	n above-described well, being first duly
sworn on oath, says: That I same are true and correct, s	have knowledge of the so help me God.	facts statemen	its, and matte	ers herein contain	ned, and the tog of the ab	pove-described well is as filed, and the
GALE D. FISC NOTARY PUBL		(Signature) AMW				
STATE OF KANS		(Address)_Box 875, Hays, Kansas 67601				
	SUBSCRIBED and S	WORN TO bet	fore me this _		June	
	Hale D.	Fischer Notary Pub	lio	Му	Commission Expires:	1-4-2RECEIVED
		INDIAIY FUD	no.			to the property of the property of the party

JUN 2 6 2006