Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION,

## WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 September 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

Lease Operator: Resource Operations, Inc.  Address: P.O. Box 466 Chase, Kansas 67524  Phone: 620, 938-2982 Operator License #: 30364  Type of Well: 011 Docket #: (I/SWD or, ENHR)  The plugging proposal was approved on: (Date)  by: Patrick Staab (KCC District Agent's Name)			API Number: 15 - 009-20841-00-00  Lease Name: Dewerff  Well Number: 2  'Spot Location (OQQQ): C - NW - NE - SE				
					2310 Feet from North / X South Section Line  990 Feet from X East / West Section Line  Sec. 2 Twp. 20 S. R. 12 East X West  County: Barton  Date Well Completed:		
						Is ACO-1 filed? Yes No If not, is w	
						Producing Formation(s): List All (If needed attach and	
			Depth to Top: Bottom: T.D			Plugging Commenced: 4-5-07	
			Depth to Top: Bottom: T.D.			•	
			Depth to Top:	Bottom:	T.D	Plugging Completed: 4-9-07	
Show depth and thickness of all water, oil and gas	formations.						
			(Surface Conductor & Production)				
Formation . Content	From   To	; Size	Put In Pulled Out				
;		8-5/8"	255' None				
		4-1/2"	3339' None				
*		1					
		Ţ.					
circulated out of casing hea	d. Layed 1" dov	vn, tied o	onto casing head and pumped 200				
sxs. cement and 100# hulls,	60/40 pos, 10% g	gel.	Plugging Complete.				
			T-OFN/ED				
Name of Plugging Contractor: Mike!	s Testing & S	alvage,	Inc. License #: 31529 RECEIVED  KANSAS CORPORATION COMMISS				
P.O. Box 467			WHO IS SO				
Name of Party Responsible for Plugging Fees:	Resource Operat		APR 1 9 2001				
State of Kansas County.	Rice	\$5.	CONSERVATION DIVISION WICHITA, KS				
М	ike Kelso	(Employee d	of Operator) or (Operator) on above-described well, being first duly				
swom on oath, says: That I have knowledge of the same are true and correct, so help me God.	facts statements, and mat	tters herein conta	tained, and the log of the above-described well is as filed, and the				
	(Signature)						
	(Address) P.O. B	ox 467	Chase, Kansas 67524				
SUBSCRIBED and S	SWORN TO before me this	16th day of	April . 20 07				
Jan	Notary Public )	N	My Commission Expires: NOTARY PUBLIC - State of Kansas.  IRENE HERZBERG				
Mail to: KCC . Cor	servation Division 130	S Market - Re	My Appt. Exp. 82409				