## RECEIVED KANSAS CORPORATION COMMISSION

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

MAY 9, 2009

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION AUG 1 3 2007

WELL PLUGGING RECORD

CONSERVATION DIVISION WICHITA, KS

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

Lease Operator: SAMUEL GARY JR. & ASSOCIATES, INC.					API Number:15-159-22542-0000
Address: 1670 BROADWAY, SUITE 3300 DENVER, CO 80202					Lease Name: FREES
Phone: (303) 831-4673 Operator License #:				Well Number: 1-7	
					Spot Location (QQQQ): SE - NW NW
Type of Well: D & A Docket #: (If SWD or ENHR)					
The plugging proposal was approved on:(Date)					660_ Feet from 🔀 North / 🗌 South Section Line
by: KCC, VIRGIL CLOTHIER (KCC District Agent's Name)					1525_ Feet from East / \( \infty \) West Section Line
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					Sec7 Twp18_ S. R9
Producing Formation(s): List All (If needed attach another sheet)					County: RICE
NONE Depth to Top: Bottom: T.D				Date Well Completed: 8/8/2007	
Depth to Top: Bottom: T.D				Plugging Commenced: 8/7/2007	
Depth to Top: Bottom: T.D				Plugging Completed: 8/7/2007	
Show depth and thickness	of all water, oil and gas	formations.			
Oil, Gas or W	ater Records		T		(Surface, Conductor & Production)
Formation	Content	From	То	Size	Put In Pulled Out
		SURF	333'	8-5/8"	7/28/2007 NONE
Describe in detail the man hole. If cement or other p CEMENT PLUGS SE 35 SX @ 3250', 35 S	lugs are used, state the output THROUGH DRIL	character of sa L PIPE (165	me, depth place	od from (botton	V V -
35 6X @ 5250 ; 65 C	.X & 1200 ; 00 0X &				
		QUO	lity w	ellser	vice Tac
Name of Plugging Contractor: SUMMIT-DRILLING SUALITY WELLS ervice Tros.  License #: 31925 2014T					
Address: PO BOX 200	94 EMPORIA, KS 6	6801			
Name of Party Responsib	le for Plugging Fees:	SAMUEL G	ARY JR. & A	SSOCIATE	ES, INC.
State of COLOR	ADO County, _	DE	NVER	, ss.	
	CLAYTON CAMOZ	ZI		(Employee of	Operator) or (Operator) on above-described well, being first duly
sworn on oath, says: Tha same are true and correct	t I have knowledge of th		ents, and matte	rs herein conta	ained, and the log of the above-described well is as filed, and the
		(Signature)_	_ <i>[M</i>	1/1/4	M Chang
OTAS O		(Address)_	1670 BRO	ADWAY, SI	UITE 3300, DENVER, CO 80202
83	SUBSCRIBED and	SWORN TO b	efore me this	$\overline{\Omega}$	AUGUST , 2007  M Commission Expires:
My Commission Expires	Mail to: KCC - Cor	nservation Div	ision, 130 S. M	larket Roo	m 2078, Wichita, Kansas 67202