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

GSS

Lease Operator: Carmen Schmitt Inc.						API Number: 15 - 145-21331 - 00 - 00			
Address: PO Box 47, Great Bend, KS 67530					Lea	ase Name: CJM <i>F</i>	}	KCC 8/27	
Phone: (620) 793 -5100 Operator License #: 6569					Well Number: 1-25 PAT Per CP 21				
						ot Location (QQQQ):	- <u>nw</u>	<u>ne</u> - <u>ne</u>	
Type of Well: OİL Docket #:					4950 Feet from North / 🗸 South Section Line				
The plugging proposal was	s approved on: <u>8/15/07</u>			(Date)	99	00 Feet from ✓	East /	West Section Line	
by: Richard Lacey (KCC District Agent's Name)					Se	c. 25 Twp. 20s	s. R	East ✓ We	
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						County:			
Producing Formation(s): List All (If needed attach another sheet)						Date Well Completed:			
Arbuckle	730' Bottom	30' Bottom: T.D. 3899'			Plugging Commenced:				
	Depth to Top:				Div	ugging Completed:	3/15/07	N.	
-	Depth to Top:	Bottom: T.D			Plugging Completed: 8/15/07				
Show depth and thickness	of all water, oil and ga	s formations.						- 30C	
Oil, Gas or W						Surface Conductor & Production)			
Formation	Content	From	To	Size		Put In	Pulled Out	, 11 14	
		surface	1039'	8 5/8"		Aug 1990			
		surface	3898'	5 1/2"		Aug 1990	1400'		
			,				KCCPK	7 810 110	
All cement 60/40 poz 6%					om), t	o (top) for each plug	set.	, V - 03	
155. 7.								-	
							Death Free	2 1/2 por 11 1 pro (co.)	
Name of Plugging Contractor: DS&W Well Servicing, Inc. RECEIVED License #: 6901 KANSAS CORPORATION COMMISS									
Address: PO Box 231	, Claflin, KS 675	25					AUG	2 4 2007	
Name of Party Responsible	for Plugging Fees: C	armen Sch	mitt Inc.					100 miles	
State of Kansas	County, _	Barton		_ , SS.				IVATION DIVISION ICHITA, KS	
Jacob Porter		tradi di lan kalinda manda manana		(Employee of	Opera	ator) or (Operator) or	above-described	l well, being first du	
sworn on oath, says: That I same are true and correct,	so help me God.			herein contai	ned, a	and the log of the abo			
A NOTARY PUBLIC -	State of Kanese	(Signature) facol L Portes (Address) PO Box 47, Great Bend, KS 67530						e 13	
1 77	MEYER							t	
	SUBSCRIBED and S	SWORN TO bef	fore me this $\frac{2}{\sqrt{2}}$	23rdday of _	Augu	ıst		, <u>20 07</u> , ***	
	- Elm	nl M	light	Му	Comr	mission Expires:	12-13	-07	