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

Lease Operator: LARSON ENGINEERING, INC.				API Number: 15-007-23142-00-00		
Address: 562 WEST STATE ROAD 4 OLMITZ, KS 67564-8561				Lease Name: GYPSUM HILLS		
Phone: ( 620 ) 653-7368				Well Number: 1-8 KCCPCP3		
Type of Well: D&A Docket #:				Spot Cocation (adds): nananene		
(Oil, Gas, D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)						
The plugging proposal was approved on:(Date)				85 Feet from North / South Section Line		
by: STEVE PFEIFER (KCC District Agent's Name)				660_ Feet from East / West Section Line		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Sec. <u>8</u> Twp. <u>32</u> S. R. <u>15</u> East 🛚 West		
Producing Formation(s): List All (If needed attach another sheet)				County: BARBER		
Depth to Top: Bottom: T.D			Date Well Completed: 5/7/07			
	op: Botto			Plugging Commenced		
Depth to T	op:Botto	m: T	.D	Plugging Completed: _	5/7/07	
Show depth and thickness of all water, oil ar	d gas formations.					
Oil, Gas or Water Records		<del></del>	T	Surface, Conductor & Pro		
Formation Content	From	То	Size	Put In	Pulled Out	
	SURF	332'	8-5/8"	319'	0'	
Describe in detail the manner in which the whole. If cement or other plugs are used, state 50 SX @ 960'	rell is plugged, indica	ting where the tame, depth plac	mud fluid was p	placed and the method or m), to (top) for each plug s	et.	troducing it into the
					RI KANSAS CODI	ECEIVED
20 SX @ 60'	10 1.15	$\overline{x}$ $\alpha$ $k$	CC PKT	8/29/07	1000000	PORATION COMMISSIO
15 SX @ RH  Name of Plugging Contractor: ALLIED C	Dilling :	, INC.	per	(P2/3 License #: 33	S610 AUG	- / 200/
Address: P.O. BOX 31 RUSSELL,					CONSER! Wil	VATION DIVISION CHITA, KS
Name of Party Responsible for Plugging Fe		ENGINEERIN	IG, INC.			
*******	•	RTON	, ss.			
CAROL LAF			(Employee of	Operator) or (Operator) o	n above-described	well. being first dulv
sworn on oath, says: That I have knowledg	e of the facts, statem	ents, and matte				
same are true and correct, so help me God.		( Yazal	04		OFODETAD.	//TDEACUDED
	(Signature)	Carr				//TREASURER
DEBRA J. LUDWIG	(Address)_	562 WES	T STATE RO		8 67564-8561	
otary Public - State of Kansas SUBSCRIBE	D and SWORN TO b	pefore me this_	24TH day of	fAUG	UST	,2007
Expires 5/5/2008) ( ) ( )	ras It	Sudli	<u>va</u>	My Commission Expires: _	MAY !	5, 2008

