**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: C	astle Resources Inc.		API Number: <b>15 -</b> 16323620-0000				
Address: PO Box	87 Schoenchen, KS	67667	Lease Name: Stice-McComb				
	5 -5155 Opera		Well Number:				
Type of Well: D &		Do	Spot Location (QQQQ): C - S/2 - S/2 - N/2  2310 Feet from North / South Section Line				
	I was approved on:		,	WD or ENHR)			
	. was approved on.		Sec. 13 Twp. 7 S. R. 20 East V West				
	Yes No If not, is		Sec. Twp. Twp. Rooks	S. R   Eas	t V West		
	s): List All (If needed attach a					6/23/07	· · · · · · · · · · · · · · · · · · ·
Depth to Top: Bottom: T.D					Date Well Completed: 6/23/07 Plugging Commenced: 6/23/07		
-	m: T.D						
	Depth to Top:				Plugging Completed: 6/23/07		
Show depth and thickr	ness of all water, oil and ga	as formations			L		
	or Water Records	Surface Conductor & Producti	ion)				
Formation	Content	From	То	Size	Put In	Pulled Out	
surface		0	216'	8 5/8"	216	-0-	
				0 0,0	2.10		
hole. If cement or other	manner in which the well is er plugs were used, state t b' 25 sacks @ 1610'	he character of	of same depth	placed from (botte	om), to (top) for each plug	set.	
		1\ -	110				
American	Engle Dril	ung,					7.74
Name of Plugging Con	ntractor: Allied Cement	ting Compa	<del>n</del> y		License #:_99996	33493	
Address: PO Box	k 31 Russell, KS	67665					
Name of Party Respon	sible for Plugging Fees:	Castle R	esources	Inc.	KCC PKT	9/20107	
State of Kansas	County,	Ellis		, SS.	percp	2/3	
Jerry Green	,	100		·			
sworn on oath, says: T	hat I have knowledge of th	e facts statem	ents, and matt	ers herein contain	Operator) or (Operator) on	above-described well, beir	ng first duly
same are true and corr	ect, so help me God.				21	ove-described well is as ille	ia, and the
		(Signature)_		19"	N	W41.	
	RINE BRAY	(Address)_F	,	Schoenchen,			
NOTAR STATE	RY PUBISIOBSCRIBED and OF KANSAS	SWORN TO E	efore me this	11 41 day of _	SEPTEMBER		2007
MY APPI EXPIRES	-3-08 Kau	<u>MERINE</u> Notary Pi	BRAY	Му	Commission Expires:	-3-08 REC	EIVED RATION COMMISSI