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

My Appt.

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: 15-101-22036-00-00		
Address: 562 WEST STATE ROAD 4 OLMITZ, KS 67564-8561				Lease Name: BOCKELMAN		
Phone:(620) 653-7368				Well Number: 1-19		
Type of Well: D & A Docket #: (If SWD or ENHR)				APP Spot Location (QQQQ): NE - SE - SW - NE		
The plugging proposal was approved on: 9/19/07 (Date)				2140 Feet from	North / South 5	Section Line
by: MIKE MAIER (KCC District Agent's Name)				1500 Feet from East / West Section Line		
Is ACO-1 filed? Xes No If not, is well log attached? Yes No				Sec. 16 Twp. 18 S. R. 29 East West		
Producing Formation(s): List All (If needed attach another sheet)				County: LANE		
Depth to Top: Bottom: T.D.				Date Well Completed: 9/19/07		
Depth to Top: Bottom: T.D.				Plugging Commenced: 9/19/07		
		Bottom: T.D.		Plugging Completed: 9/19/07		
Show depth and thickness of all water, oil and ga						
Oil, Gas or Water Records	Surface, Conductor & Production)					
Formation Content	From	То	Size	Put In Pulled Out		
	SURF	258'	8-5/8"	251'	0'	
			0.0	201		
Describe in detail the manner in which the well is hole. If cement or other plugs are used, state the PLUGGED W/ 245 SX 60-40 POZ W/ 4	character of sai	me, depth place	ed from (bottom), to (top) for each plug s	methods used in introducin	g it into the
50 SX @ 2230' 40 SX @ 260						V as A
80 SX @ 1400' 20 SX @ 60'						Y CCP
40 SX @ 750' 15 SX IN RH	DDC	illing	TLC		<i>+</i>	-cPô
Name of Plugging Contractor: ALLIED-GEM	NTING CO.,	INC.		License #:	33935	
Address: P.O. BOX 31 RUSSELL, KS	67665	······································			RECEIV	
Name of Party Responsible for Plugging Fees:	LARSON ENGINEERING, INC.			KANSAS CORPORATION COMMISSION		
State of KANSAS County,	BAR	TON	, ss.		JAN 03	2008
CAROL LARSOI	١		(Employee of C	nerator) or (Operator) o	n above-de saanservario	Philipped . l
sworn on oath, says: That I have knowledge of the same are true and correct, so help me God.	e facts, stateme	nts, and matter	s herein contain	ned, and the log of the a	pove-described well startil	So, and the
(Address) 562 WEST STATE ROAD 4 OLMITZ, KS 67564-8561						
	SWORN TO be	fore me this _2	ND day of	JANU		2008
otary Public - State of Kansas Expires 5/5/2008	Notary Pub.	geden (9M	/ Commission Expires: _	MAY 5, 2008	