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

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

WELL PLUGGING RECORD K.A.R. 82-3-117

API Number: _ 15 - 009-15831-0001 Lease Operator: Carmen Schmitt Inc. Bradley Address: PO Box 47, Great Bend, KS 67530 Lease Name: Phone: (620) 793 -5100 Operator License #: 6569 Well Number: Spot Location (QQQQ): ___ Type of Well: Oil 2310 (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR) Feet from North / V South Section Line The plugging proposal was approved on: $\frac{3/13/08}{}$ 330 Feet from Feat / West Section Line Sec. 36 Twp. 17s S. R. 11w East West by: Bruce Rodie __ (KCC District Agent's Name) County: Barton Is ACO-1 filed? Yes No If not, is well log attached? Yes No 4/28/06 Producing Formation(s): List All (If needed attach another sheet) Date Well Completed: Depth to Top: 3200' Bottom: ___ 3/13/08 Plugging Commenced: Bottom: Depth to Top: ____ 3/13/08 _ Bottom: ___ Depth to Top: ___ Show depth and thickness of all water, oil and gas formations. Casing Record (Surface Conductor & Production) Oil, Gas or Water Records Put In Pulled Out Content From То Size Formation 10.75" surface 180' 1420 1937 3236' 5.5" April 2006 surface ~ 5 25. Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set: Tie onto 5 1/2" casing. Mix 40 sks 60/40 poz 2% gel with 100# hulls. Mix 21 sks gel with hulls. Mix 150 sks 60/40 poz wiht hulls. Used 700# hulls. Shut-in at 800 psi. RECEIVED KANSAS CORPORATION COMMISSION Name of Plugging Contractor: DS&W Well Servicing, Inc. MAR 28 2008 Address: PO Box 231, Claflin, KS 67525 Name of Party Responsible for Plugging Fees: Carmen Schmitt Inc. CONSERVATION DIVISION WICHITA, KS State of Kansas Jacob Porter __ (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God. NOTARY PUBLIC - State of Kansas (Address)_PO Box 47, Great Bend, KS 67530 **ELAINE MEYER** My Appt. Exp. 12-13-My Commission Expires: 12 - 13 - 20

