**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: 15-135-24755-00-00	
Address: 562 WEST STATE ROAD 4 OLMITZ, KS 67564-8561				Lease Name: SLAGLE	
Phone: ( 620 ) 653-7368				Well Number: 1-28	
Type of Well: D&A Docket #:  (Oil, Gas, D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)				Spot Location (QQQQ): SW - NW - SE - NW	
(Oil, Gas, D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)  The plugging proposal was approved on: 3/21/08 (Date)				1708 Feet from X North / South Section Line	
by: ERIC MCLAREN (KCC District Agent's Name)				1404 Feet from East / West Section Line	
Is ACO-1 filed? X Yes No If not, is well log attached? Yes No				Sec. <u>28</u> Twp. <u>20</u> S. R. <u>26</u> East West	
Producing Formation(s): List All (If needed attach another sheet)				County: NESS	
Depth to Top: Bottom: T.D				Date Well Completed:	
Depth to Top: Bottom: T.D				Plugging Commenced: 3/21/08	
Depth to Top: Bottom: T.D			Plugging Completed: 3/21/08		
Show depth and thickness of all water, oil and gas formations.  Oil, Gas or Water Records  Casing Record (Surface, Conductor & Production)					
Formation Content	From	То	Size	Put In	Pulled Out
·	258'	SURFACE	8-5/8"	251'	NONE
	<u> </u>				
					1
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 are used, state the character of same, depth placed from (bottom), to (top) for each plug set.					
PLUGGED W/ 215 SX 60-40 POZ W/ 4% GEL & 1/4#/SK FLOCELE AS FOLLOWS:					
50 SX @ 1710' 20 SX @ 60'					
80 SX @ 870' 15 SX IN RH					
50 SX @ 300' HO Drilling LLC KCCPKT Per CP2/3					
Name of Plugging Contractor: ALLIED CEMENTING CO. INC. License #: 337.35					
Address: P.O. BOX 31 RUSSELL, KS 67665  RECEIVED  KANSAS CORPORATION C					
Name of Party Responsible for Plugging Fees: LARSON ENGINEERING, INC.				KAN	
State of KANSAS County BARTON ss.					JUL 0 3 2008
CAROL LARSON ., (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.					
	(Signature)_	ar	M Na		SECRETARY/TREASURER
(Address) 562 WEST STATE ROAD 4 OLMITZ, KS 67564-8561					
DEBRA J. LUDWIG SUBSCRIBED and S	SWOBN TO be	efore me this	2ND day of	JU	
Notary Public - State of Kansas 10 bea Hudwa My Commission Expires: 5/3/2012					
t. Expires 5/5/2012	Mdtary PJul	Olic C	)		