

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: KOT, Inc.
Address: P.O. Box 6 Lost Springs, Kansas 66859-0006
Phone: (785) 983-4837 Operator License #: 6727
Type of Well: Oil Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on: _____ (Date)
by: Greg Eves (KCC District Agent's Name)
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)

API Number: 15-115-20-348-00-00
Lease Name: Martin E
Well Number: 1 nwnesnw
Spot Location (QQQQ): EZEZ
1320 Feet from North / South Section Line
320 Feet from East / West Section Line
Sec. 3 Twp. 17 S. R. 4 East West
County: Marion
Date Well Completed: 4-13-77
Plugging Commenced: 8-19-08
Plugging Completed: 8-20-08

KCC PKT
Pep 2/3

Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
				8-5/8"	205	None
				5 1/2" 4 1/2" Per	2412	1500'

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.

Plugged off bottom with sand to 2200' and 5 sacks cement. Casing pulled into @1500', layed down 47 jts. Bailed fluid down to 320, bailer got stuck in hole, left bailer in hole @320'. Ran 4-1/2 yards of slurry mix from 320' to surface. Tore down and moved off. Plugging Complete.

Name of Plugging Contractor: Mike's Testing & Salvage, Inc. License #: 31529
Address: P.O. Box 467 Chase, Kansas 67524
Name of Party Responsible for Plugging Fees: KOT, Inc.
State of Kansas County, Rice, ss.
Mike Kelso (Employee of Operator) or (Operator) on above-described well, being first duly

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KANSAS CORPORATION COMMISSION
SEP 05 2008
CONSERVATION DIVISION
WICHITA, KS

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) Mike Kelso
(Address) P.O. Box 467 Chase, Kansas 67524

SUBSCRIBED and SWORN TO before me this 3rd. day of September 20 08
Irene Herzberg My Commission Expires: _____
Notary Public

NOTARY PUBLIC - State of Kansas
IRENE HERZBERG
My Appt. Exp. 8-24-09

PKT