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: Dixon Energy, Inc.					API Number:15 - 007-20-375-0000		
Address: 8100 E. 22nd Street North, Bldg. 300 Suite #200, Wichita, KS					Lease Name: Mott Ranch		
Phone: (316) 264 -9632					Well Number:		
Type of Well: Oil Oil Ooket #: Ooket #: (If SWD or ENHR)					Spot Location (QQQQ): C - NE - NE - 4620 Feet from North / South Section Line		
The plugging proposal was approved on: 3/5/2009 (Date)					660' Feet from East / West Section Line		
by: Steve Pfiefer (KCC District Agent's Name)					Sec Twp S. R East		
Is ACO-1 filed? ✓ Yes					Sec Twp. County:	S. R	East ☑️ West
Producing Formation(s): List	other sheet)	Date Well Completed: 4/15/1985					
Depth to Top: 4326 Bottom: 4328 T.D. 4450					Plugging Commenced: 3/6/2009		
Depth to Top: 4332 Bottom: 4336 T.D					Plugging Commenced: 3/11/2009		
	Depth to Top: 43	40 Bottom	1: <u>4346</u> T.	D	Plugging Complet	ed:	
Show depth and thickness of	of all water, oil and gas	formations.					
Oil, Gas or Wa				asing Record (S	Surface Conductor & Pr		
Formation	Content	From	То	Size	Put In	Pulled Out	
			329	8 5/8	329		=
			4450	4 1/2	4450	2000	, .
Sand back to 4270', 4 sac 60', 20 sacks cement	cks cement with dump		,	,	, , , , ,		sacks cement,
	· · · · · · · · · · · · · · · · · · ·			off El halanna		· · · · · · · · · · · · · · · · · · ·	
3/17 - measure in 140' do	wn, 2 yarus or reul-m	x cement, cut	casing nead	on 5 below gr	ound, backilli cellar		RECEIVED NSAS CORPORATION COMMISSION
Name of Plugging Contracto	CLARKE CORPO	RATION		=	License #: 51	- s	and the second second
Address: 107 W. Fowler, P.O. Box 187, Medicine Lodge, KS 67104							MAR 2 4 2009
Name of Party Responsible							CONSERVATION DIVISION WICHITA KS
State of Kansas		Barber		_ , SS.			
Mark Morgenstern				(Employee of	Operator) or (Operat	or) on above-descri	ped well, being first duly
sworn on oath, says: That I	have knowledge of the	facts statemen	ts, and matter	· · ·		*	• •
same are true and correct, s	•	(Signature)	Ma	& M	Lagenster	~~	
GLENDA MOR Hotary Pub State of Kai	RISON LLC	(Address) 107	7 W. Fowler, N	Medicine Lodg	je, KS 67104		
My Appt. Exp. ///a	au/Kン SUBSCRIBED and S			-		<u> </u>	20 09
	Alend	Notary Pub	Vally lic	Му	Commission Expires	: 11/3/1.	