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

## KANSAS CORPORATION COMMISSION COMMISSION COMMISSION COMMISSION COMPICATION COMMISSION COMPICATION COMMISSION COMPICATION COMPI OIL & GAS CONSERVATION DIVISION

APR 14 2009 or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

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

OPERATOR: License #: 33186				API No. 15 - 053-21224 46555		
Name: LB Exploration, Inc.				Spot Description: 160'S		
Address 1: 2135 2nd R	1	W/2 -E/2 NE.4 Sec. 18 Twp. 17 S. R. 10 East ✓ West				
Address 2:						
City: Holyrood	State: KS_	zip: <u>67450</u> +	990	Feet from	East / West Line of	Section
Contact Person: Michael Petermann				Footages Calculated from Nearest Outside Section Corner:		
Phone: (785 ) 252-8034				NE NW	SE SW	
Type of Well: (Check one) Oil	County: _	County: Ellsworth				
Water Supply Well Ott	SWD Permit #:	1 '	Lease Name. TOOLE TO			
ENHR Permit #:	_   Date wen	Date Well Completed: 7/26/2008				
Is ACO-1 filed?   ✓ Yes	-	The plugging proposal was approved on: 7/26/2008 (Date)				
Producing Formation(s): List All	1 *	by: District #2 (KCC District Agent's Name)				
Depth to T	m: T.D	I Pluaaina (	Plugging Commenced:			
Depth to Top: Bottom: T.C Depth to Top: Bottom: T.C			Plugging (	Plugging Completed: 7/26/2008		
Depth to I	op: Bottor	m: T.D				
Show depth and thickness of all	water, oil and gas forma	tions.				
			Casing Record (Surfa	sing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		ourfood	0 5/0"	610'	2000	
		surface	8-5/8"	618'	none	$\overline{}$
Plugged with 190 sa 35 sacks @1300', 3 rat hole - 15 sacks,	d, state the character of acks 60/40 Poz, rd plug - 35 sac	same depth placed from (both 4% GeI and 1/4# ks @ 1000', 4th pl	om), to (top) for each	plug set. plug - 35 sack	s @ 3291', 2nd plug	<b>)</b> -
Plugging Contractor License #: . Address 1: PO Box 31	99996	KCAN		Cementing Co, L		
City: Russell			State: KS		Zip: <u>67665</u> +	
Phone: ( )						
Name of Party Responsible for F						
<b>a</b> .	County,	FIL AI				
State of KANSSS	- 112marah	, ss.				
Michael Petermann, Pres.  (Print Name)				Employee of Operator or Operator on above-described well,		
being first duly sworn on oath, sa	ays: That I have knowled	ge of the facts statements, an	d matters herein con	tained, and the log of t	the above-described well is as fi	led, and