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

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Type or Pri
Form
All blank

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:5663				API No. 15 - 195-22598-00-00			
Name: Hess Oil Company				Spet Description: Approx			
Address 1: P. O. Box 1009				<u>∩€ .32</u> . <u>SE SE Sec. 32</u> Twp. <u>15</u> S. R. <u>22</u> East West			
Address 2:				405 Feet from North / South Line of Section			
City: McPherson State: KS Zip: 67460 + 1009				Feet from East / West Line of Section			
Contact Person: Bryan Hess				Footages Calculated from Nearest Outside Section Corner:			
Phone: (620) 241-4640				□ NE □ NW 🗸 SE □ SW			
Type of Well: (Check one) Oil Well Gas Well OG V D&A Cathodic				County: Trego			
Water Supply Well Other: SWD Permit #:				Lease Name: Linda Well #: 4			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 2-11-2009			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No No				ugging proposal was app			
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name)			
Depth to	I Pluggi	Plugging Commenced: 2-11-2009					
Depth to	I Plugging Completed: 2-11-2009						
Depth to	Top: Botto	m: T.D					
Show depth and thickness of a	II water, oil and gas forma	ations.	-				
Oil, Gas or Water Records			Casing Record (asing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		Surface	8-5/8"	225'	none		
		Cunace	0 0/0		HONC	-	
Describe in detail the manner cement or other plugs were us Plugged hole w/22 PD @ 1:30 pm 2-1	ed, state the character of 0 sx as follows: 1-2009	same depth placed from (bott 25 sx @ 1703', 10	tom), to (top) for 6	each plug set.			
	K	INSAS CORPORALIUM COM	100.01				
		APR 14 2009				$\sim 0 \Lambda$	
Plugging Contractor License #	4 958 566	CONSERVATION DIVISION DIVISIONI DIVI	1 10	SS o; 1 c 0	o. Kccp	CPZL=	
Address 1: P. O. Box 1009 Addres							
•				NO	Zip: <u>07400</u>	_+_1009	
Phone: (620) 241-46		0.1.0					
Name of Party Responsible for							
State of KANSAS County, McPHERSON							
Bryan Hess (Print Name)				Employee of Operator or 🔽 Operator on above-described well,			
being first duly sworn on oath, the same are true and correct,	says: That I have knowled	lge of the facts statements, ar	nd matters herein	contained, and the log of	the above-described wel	l is as filed, and	