**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

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

Lease Operator: LARSON ENGINEERING, INC.					API Number: 15-101-22149-00-00
Address: 562 WEST STATE ROAD 4 OLMITZ, KS 67564-8561					Lease Name: NEELEY
Phone: ( 620 ) 653-7368					Well Number: 1-8
Type of Well: D & A Docket #:					Spot Location (QQQQ): <u>SW</u> - <u>NW</u> - <u>SE</u> - <u>SE</u>
The plugging proposal was approved on:					747 Feet from North / South Section Line
by: ERIC MACLAREN (KCC District Agent's Name)					1099 Feet from East / West Section Line
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					Sec. <u>8</u> Twp. <u>19</u> S. R. <u>30</u> East West
Producing Formation(s): List All (If needed attach another sheet)					County: LANE
Depth to Top: Bottom: T.D				Date Well Completed:	
Depth to Top: Bottom: T.D				.D	Plugging Commenced: 1/23/2009
	Depth to Top:				Plugging Completed: 1/23/2009
Show depth and thickness	of all water, oil and gas	formations.			
Oil, Gas or W			C	asing Record (S	Surface, Conductor & Production)
Formation	Content	From	То	Size	Put in Pulled Out
		251'	SURF	8-5/8"	251' 0
Describe in detail the man hole. If cement or other p PLUGGED W/ 280 S	lugs are used, state the o	character of sai	me, depth plac	ed from (bottom	laced and the method or methods used in introducing it into the n), to (top) for each plug set.  OWS:
50 SX @ 2250'	50 SX @ 280'				
80 SX @ 1530'	20 SX @ 60'				or tell
50 SX @ 720'	30 SX IN RH	H.DD	rilling	rrc X	KANSAS CORPORATION COMMISSION
Name of Plugging Contract	ctor: ALLIED CEME	NTING CO.,	<del>-INC</del> .	<del></del>	MAY 1 2 2009
Address: P.O. BOX 31	RUSSELL, KS 6	7665			
Name of Party Responsible for Plugging Fees: LARSON ENGINEERING, INC.					RECEIVED
State of KANS	AS County,_	BAF	RTON	, ss.	
	CAROL LARSON	l		(Employee of	Operator) or (Operator) on above-described well, being first duly
sworn on oath, says: Tha	t I have knowledge of the	e facts, stateme	ents, and matte	ers herein conta	lined, and the log of the above-described well is as filed, and the
same are true and correct	t, so help me God.	(Signature)_	Caro	I Ka	SCRETARY/TREASURER
		(Address)_	562 WES	T STATE RC	OAD 4 OLMITZ, KS 67564-8561
DEDDA I LIBY	SUBSCRIBED and	SWORN TO b	efore me this	11TH_day of	MAY , 2009
DEBRA J. LUDWI Notary Public - State of Kan	3   //		udw		My Commission Expires: MAY 5, 2012
Expires 5/5/20	12		blic )	0	
Mail to: KCC – Conservation Division, 130 S. Market – Room 2078, Wichita, Kansas 67202					