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

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

OPERATOR: License #: Landowner				API No. 15 - 00-21490 -00 -00			
Name: Mull Creek Ranch/Kim Leeper				Spot Description:			
Address 1: 2852 Highway 160				<u>C SE SE Sec. 19</u> Twp. 32 S. R. 15 East ✓ West			
Address 2:				Feet from North / 📈 South Line of Section			
City: Medicine Lodge State: KS zip: 67104 +				660 Feet from East / West Line of Section			
Contact Person: Kim Leeper				Footages Calculated from Nearest Outside Section Corner:			
Phone: (620) 248-326	·				NE NW	SE Sw	
Type of Well: (Check one) ☐ Oil Well				County: Barber			
Water Supply Well Other: SWD Permit #: Gas Storage Permit #: Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes No				Lease Name: Brass Well #: 2 Date Well Completed: 9/4/1982			
Producing Formation(s): List A	•	er sheet) tom: _4821 T.D		by: Ste	ve Pteiter	(KCC District Agent's Name,	
Depth to Top: <u>4815</u> Bottom: <u>4821</u> T.D Depth to Top: Bottom: T.D				Plugging Commenced: 4/3/2009			
				Plugging Completed: 4/0/2009			
Show depth and thickness of	all water, oil and gas forn	nations.					
Oil, Gas or Water	Records		Casing I	Record (Surfa	ace, Conductor & Produ	ction)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		416'	8 5/8		416'	None	
		1 410			1 410		
		4856'	4 1/2		4856'	2710'	
				·			
: .							
sement or other plugs were us Set cast iron bridge 60/40 POZ 4% gel 4/23/2009 - measu	e plug 4740', 2 : , 100 hulls at 86	sacks cement with 60', 50 sacks at 44	dump 0', 20	bailer, _l sacks at	pull casing, 15	5 sacks gel, 50 sacks ANSAS CORPORATION COMMISSION	
•	•		•			MAY 2 0 2009	
					a		
<u> </u>						RECEIVED	
Plugging Contractor License #:5105				Name: Clarke Corporation			
Address 1: P.O. Box 187				Address 2: 107 W. Fowler			
city: Medicine Lodge				State: _KS z _{ip} : _67104 +			
Phone: (620) 886-56			·	- \		20 T CC	
Name of Party Responsible fo	r Plugging Fees: <u>MUl</u> 6	e Creek Ranch / Kim	ı Leepe	r ~	ou voun	or hore	
State of Kansas	County,	Barber		, SS.			
Mark Morgenstern				Employee of Operator or Operator on above-described well,			
<u>-</u> .	(Print Name)						
being first duly sworn on oath, the same are true and correct.	says: That I have knowle	edge of the facts statements,	and matte	rs herein cor	ntained, and the log of	the above-described well is as filed, ar	