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

Signature: .

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

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

K.A.R. 82-3-117 OPERATOR: License #: 30076 API No. 15 - 179-21229-00-00 Name: A & A PRODUCTION Spot Description: Address 1: <u>PO BOX 100</u> NE SE SK Sec. 16 Twp. 9 S. R. 26 East West Address 2: ____ 550 Feet from North / South Line of Section City: HILL CITY State: KS Zip: 67642 + 2,610 Feet from East / West Line of Section Contact Person: ANDERSON DRILLING Footages Calculated from Nearest Outside Section Corner: Phone: (785) 421-6266 NE NW SE SW Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG 📝 D&A ☐ Cathodic County: SHERIDAN Water Supply Well Other: SWD Permit #:_____ Lease Name: SIMON Well #: 2 ENHR Permit #: ____ Gas Storage Permit #: ___ Date Well Completed: 05-22-09 Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: 05-21-09 Producing Formation(s): List All (If needed attach another sheet) by: HAYS OFFICE (KCC District Agent's Name) ____ Depth to Top: _____ Bottom: ____ T.D. ____ Plugging Commenced: 05-22-09-_____ Depth to Top: _____ Bottom: _____ T.D. ____ Plugging Completed: 05-22-09 ______ Depth to Top: ______ Bottom; _____ T.D. Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Formation Content Casing Setting Depth Pulled Out SURFACE 8 5/8 278 Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. 25 SACKS @ 2300'; 100 SACKS @ 1400'; 40 SACKS @ 300'; 10 SACKS @ 40'; 30 SACKS RAT HOLE Plugging Contractor License #: __33237 ______ Name: __ANDERSON DRILLING Address 1: PO BOX 100 _____ Address 2: ___ City: HILL CITY Phone: (785) 421-6266 Name of Party Responsible for Plugging Fees: A & A PRODUCTION County, GRAHAM State of KANSAS **ANDY ANDERSON** Employee of Operator or 🗹 Operator on above-described well, (Print Name) being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202