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 #: 8061		API No. 15	API No. 15 - 009-23870-00-01						
Name: Oil Producers Inc. of Kansas Address 1: 1710 Waterfront Parkway Address 2:			Spot Description:						
						Contact Person: Brian McCoy Phone: (316) 681-0231		Footages	
						NE NW			
Type of Well: (Check one) Oil Well Sas Well OG D&A Catho Water Supply Wel Other: SWD Permit #:	Lease Name: Campbell Well #: #2 OWWO								
Water Supply Wel Other: SWD Permit #: Gas Storage Permit #:									
Is ACO-1 filed? Yes No If not, is well log attached? Yes			•	2001					
Producing Formation(s): List All (If needed attach another sheet)	Y			roved on: (Date)					
Herrington Depth to Top: 1808 Bottom: 1824 T.D.		by: (KCC District Agent's Name)							
<u>Krider</u> Depth to Top: <u>1834</u> Bottom: <u>1838</u> T.D.	Plugging Commenced:								
Depth to Top: Bottom:T.D		riugging (Dompleted						
Show depth and thickness of all water, oil and gas formations.									
Oil, Gas or Water Records			ace, Conductor & Prod						
Formation Content Casing	Size		Setting Depth	Pulled Out					
Herrington gas	4 1/2		1997						
Krider gas									
Describe in detail the manner in which the well is plugged, indicating where the mucement or other plugs were used, state the character of same depth placed from (but the character)).				ods used in introducing it into the hole. If					
	•			RECEIVED					
		1		JUN 0 1 2009					
				KCC WICHITA					
Plugging Contractor License #: 34091									
Address 1: 1710 Waterfront Parkway	_ Address	2:	,	and the state of t					
City: Wichita		State: KS	3	z _{ip:} <u>67206</u> +					
Phone: (316) 681-0231		-							
Name of Party Responsible for Plugging Fees: Oil Producers Inc. of Ka	nsas								
State of Kansas County, Sedgwick		, ss.							
		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, the same are true and correct, so help me God.	and matte	rs nerein coi	ntained, and the log o	or the above-described well is as filled, and					
Signature:									