Netice: 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

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

OPERATOR: License #:4	339		.2	API N	No. 15 - 011-23347-	0000								
Name: Dale Jackson Production Co.				Spot Description:										
Address 1: P.O. Box 266				<u>SW_SE_NE_Sec.6Twp.24SR24</u> V_EastWes										
Address 2: City: Mound City State: Ks Zip: 66056 + Contact Person: Dalle Jackson Phone: (620) 363-2683 Type of Well: (Check only Grand Well Gas Well Gas Well SWD Permit #:				2.805 Feet from North / South Line of Section 1,030 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Bourbon Lease Name: Feagins East Well #: F 35 Date Well Completed: 4/16/08										
							ENHR Permit #: Gas Storage Permit #:							
							Is ACO-1 filed? Yes No If not, is well log attached? Yes				The plugging proposal was approved on: 4/16/08 (Date)			
							Producing Formation(s): List All (If needed attach another sheet)				by: Clayton Titdel (KCC District Agent's Name)			
							<u>Squirrel</u> Depth to Top: <u>161</u> Bottom: <u>168</u> T.D. <u>180</u>				Plugging Commenced: 4/16/08			
							Depth to	om: T.D	Plugging Completed: 4/16/08					
Depth to	om:T.D	r.D												
Show depth and thickness of a	all water, oil and gas form	nations.			-									
Oil, Gas cr Water Records		Casing i		Record (Surface, Conductor & Production)										
Formation	Content	Casing	Size		Setting Depth	Pulled Out								
Squirrel	Dry	None												
			 											
Describe in detail the manner cement or other plugs were us 30 sacks cement c	sed, state the character of	f same depth placed from (both	ttom), to (top) for	each plug set. KANSAS CORPOR JUN	ds used in introducing it into the hole. If ATION COMMISSION								
		-	,	•	REU!	EIVED								
Plugging Contractor License #	. 4339		Name: _	Dal	e Jackson Product	ion Co.								
Address 1: P.O. Box 26			Address											
City: Mound City				State:	Ks	Zip: 66056 +								
Phone: (620) 363-26	83													
Name of Party Responsible for	r Plugging Fees: Dale	Jackson				,								
State of Ks	County,	Bourbon		_, , ss.										
Dale Jackson (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 knowle	dge of the facts statements, a	nd matter	s hereir	n contained, and the log of	the above-described well is as filed, and								