**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 #: 30931				API No. 15 - 101-20200 - 00 00			
Name: Daystar Petroleum, Inc.				Spot Description:			
Address 1: PO Box 360				<u>SW_ SE_ NE_Sec.22Twp.17SR.27</u> East \vec{1} West			
Address 2:				2,310 Feet from 📝 North / 🗌 South Line of Section			
City: Valley Center State: KS Zip: 67147 + 0360				990 Feet from 📝 East / West Line of Section			
Contact Person: Charles Schmidt, President					Footages Calculated from Nearest Outside Section Corner:		
Phone: (316 ) 755-3492					✓ NE NW SE SW		
Type of Well: (Check one) Oil Well Gas					County: Lane		
Water Supply Well Other: SWD Permit #: SWD Permit #: Gas Storage Permit #:					<sub>me:</sub> Merritt C A	Atwell well #: 2	
Is ACO-1 filed? Yes No If not, is well log attached? Yes V No					Date Well Completed:		
Producing Formation(s): List All (If needed attach another sheet)					by: Steve Bond (KCC District Agent's Name)		
<u>Arbuckle</u> Depth to Top: 4122' Bottom: 4231' T.D. 4271'							
Depth to Top: Bottom: T.D				Plugging Commenced: 07/08/2009			
Depth to Top: Bottom: T.D				Plugging Completed: 07/08/2009			
Show depth and thickness of		rmations.					
				g Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Arbuckle 109'	Oil/Water	Surface	8 5/8	3"	319'	No	
		Production	4 1/2	2"	4271'	No	
····							
· -	5 sx Gel 25 sx		, secor			d 160 sx cement 200#	
KCCPKT				**		11.00	
Plugging Contractor License #:KLN 4072 33645 Na				JUL 2 1 2009 H2Plains, LLC			
Plugging Contractor License #: Name: Name: Address 1: PO Box 346 Address					:/	KCC WICHITA	
•				State:		Zip: <u>07 000</u> +	
Phone: (785 ) 798-39							
		aystar Petroleum, Inc.					
State of Kansas County, Barton							
Steve Bodine, Produ	uction Superinte (Print Name			<b>_</b> Em	ployee of Operator o	Operator on above-described well,	
the same are true and correc	· · ·	wledge of the facts statements,	and matte	ers herein cor	ntained, and the log o	f the above-described well is as filed, and	
Signature: Alle of							