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

## **WELL PLUGGING RECORD**

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

K.A.R. 82-3-117

Lease Operator: Mai Oll	Operations, Inc.	API Number: 15 - 167-23544-0000					
Address: P.O. Box, Russell, KS 67665  Phone: (785 ) 483 - 2169  Operator License #: 5259					Lease Name: Charvat-Branda Unit #1 Well Number:		
Type of Well: Oil (Oil, Gas D&A, SWD, ENHR)	, Water Supply Well, Catho	Do Ddic, Other)	cket #: (If s	GWD or ENHR)	400	North / South S	
The plugging proposal wa	s approved on:			(Date)	<b>\</b>	East 1	
by: Case Morris (KCC District Agent's Name)						S. R. 11 E	
Is ACO-1 filed? Yes	No If not, is	well log attach	ed? Ye	es 🗸 No	County: Russell		
Producing Formation(s): Li	st All (If needed attach a	nother sheet)			Date Well Completed		
	Depth to Top:	Botto	m:	T.D	Plugging Commence		
1/-1/4-3-4/	Bottom: T.D		T.D	Plugging Completed: 06/11/09			
	Depth to Top:	Botto	m:	T.D			
Show depth and thickness	of all water, oil and ga	s formations.					
Oil, Gas or W				Surface Conductor & Production)			
Formation	Content	From	То	Size	Put In	Pulled Out	
		ŀ					·
				8 5/8"	438'		
				5 1/2"	3356'	2530'	
hole. If cement or other pl Sand was at 3,240'. Baile Pulled up to 650', pu	ed 5 sacks cement with	bailer. Rippe	d casing at	2,530'. Pulled casi	ing up to 1,400'. Pum	ped 150 sacks, 300# hulls a	
						NECEIVE	ED.
Name of Plugging Contractor: Quality Well Service, Inc.					License #: 3192	RECEIVE JUL 0 6 20	009
Address: 190 US Highw	vay 56, Ellinwood,	KS 67526	· · · · · · · · · · · · · · · · · · ·			KCC WICHI	
Name of Party Responsible	for Plugging Fees. Ma	i Oil Opera	itions, Inc.				IA
State of Kansas	_	Russ t		, ss.	Operator) or (Operator)	on above-described well, bei	na first duly
sworn on oath, says: That I	have knowledge of the	facts statemer	nts, and matt				
same are true and correct, s	so help me God.		1100		f		
		(Signature)	pacce	u po	angu		
NOTARY PUBLIC - State of K		(Address)					
4 LORI CRATHORN							
My Appt. Expires 7-7-2	E WOSUBSCRIBED and S	WORN TO be	fore me this	day of	July	,	20 09