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 #: 3273				API No. 15 - 071-20367-000			
Name: Herman Loeb				Spot Description:			
Address 1: PO Box 524				SE _NE _ Sec. 1 _ Twp. 16 S. R. 43 _ East ₩ West			
Address 2:				1.650 Feet from North / V South Line of Section			
City: Lawrenceville State: ILL Zip: 62439 + 0524							
Contact Person: George Payne				Footages Calculated from Nearest Outside Section Corner:			
Phone: (618 ) 943-2227				NE NW ✓ SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic					Greely		
Water Supply Well Other: SWD Permit #:					Lease Name: Edsall Well #: F-4		
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:June 85			
Is ACO-1 filed?   ✓ Yes No If not, is well log attached? Yes No					The plugging proposal was approved on: 05-29-2009 (Date)		
Producing Formation(s): List All (If needed attach another sheet)				by: Ken Jelnik (KCC District Agent's Name)			
				Plugging Commenced: 06-01-09			
Depth to Top: Bottom: T.D				Plugging Completed: 06-01-09			
Depth to Top: Bottom: T.D							
Show depth and thickness of	all water oil and gas form	ations				\$ 440 ACC	
					ce, Conductor & Prod	uction)	
Formation	Content			1000.0	Setting Depth	Pulled Out	
			†				
		Surface	8 5/8		474	none	
		Production	4 1/2		5287	none	
						1	
, ,,,,,							
	<u> </u>				<u> </u>		
w/tubing, set CIBP casing w/swedge of	w/2 sxs cemen @ 2050, filled 4	t, set CIBP @ 285 4 1/2 w/water test to 1 160 sxs cement to	0 TIH to 800 w/100	w/tubing psi, held	to 2820 sop	t 50 sxs cement, TOOH t holes @ 1300. Hooked boked to 8 5/8 pumped . Job complete	
						JUN 1 0 2009	
24249 Name 1					Inc	1/00 14/101 1174	
Plugging Contractor License #: 343 4 4 Name: Sanjel, Inc						KCC WICHITA	
Address 1: 200505 2nd St SW Address 2:							
City: Calgary, Alberta				State: Canada z <sub>ip:</sub> T2P1N8+			
Phone: (403 ) 269-14	20			_			
Name of Party Responsible fo	or Plugging Fees:	terman d	oe	6			
State of	County,			, ss.			
Shane Pelton				_ 🕢 Em	plovee of Operator or	Operator on above-described well,	
	(Print Name)				,		
being first duly sworn on oath, the same are true and correct		dge of the facts statements, a	ind matte	rs herein con	tained, and the log o	f the above-described well is as filed, and	
Signature:	/11/6	· · · · · · · · · · · · · · · · · · ·				-	

PHT