

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

1032307

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 #: 32309				API No. 35 - 15-081-21870-00-00							
Name: Presco Western LLC				Spot Description:							
Address 1: 5665 FLATIRON PKWY				NE_NW_Sec.35_Twp.28_S. R. 34East 1 West							
Address 2:				660 Feet from North / South Line of Section							
City: BOULDER State: CO Zip: 80301 + Contact Person: Susan Sears Phone: (303) 444-8881 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No											
								Lease Nan	_{ne:} Santala	Well :	#: <u>12-C35-28-34</u>
								Date Well Completed: 06/10/2009 The plugging proposal was approved on: 08/27/2009 (Date)			
				lola Depth to Top: 4356 Bottom: T.D.				Plugging Commenced: 08/28/2009			
				Lansing Depth to Top: 4078 Bottom: T.D.				Plugging Completed: 08/31/2009			
				Depth to	o Top: Bo	ottom: T.D.					
Show depth and thickness of	all water, oil and gas for	rmations.									
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)								
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
		Surface	8.62	5	1843	0					
					4750						
		Production	5.5		4752	0					
				······································							
			•				1				
cement or other plugs were used CIBP set at 4110' was Squeezed with 485 Attempted to top off	sed, state the character rith 2 sks cemen sks 60/40 POZ casing with 40	gged, indicating where the mo of same depth placed from (b it on top. Shot 4 squ mix cement with 4% sks 60/40 POZ mix onet down production	ottom), to eeze p gel - l cemen	(top) for each perforation ost circula t. Let cer	ns at 1860' ation. ment set, and	tagged top at	86'				
filled both.							Pro-				
Welded top cap on	surface casing.						RECEIVED				
			,				OCT 20				
Plugging Contractor License	_{#:} 32721		_ Name:	Eldredo	ge Well Servic	e LLC	~ ° 200				
Address 1: PO BOX 549			_ Addres	Address 2:			OCT 2 6 200 CC WICHITA				
City: SATANTA				State: KS)	Zip: 67870	+ 0549				
Phone: (620) 649-28	341										
Name of Party Responsible fo	or Plugging Fees: Pre	esco Western, LLC			Access 100-107-107-107-107-107-107-107-107-107-						
State of CO County, Boulder				, SS.							
Susan Sears				Employee of Operator or Operator on above-described well,							
	(Print Name,						•				
		rledge of the facts statements,	and matte	ers herein con	tained, and the log o	of the above-describe	g well is as filed, and				
the same are true and correct	i, so neip me God.						\sim				