

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

032034

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 #: 9855				API No. 😘 - 15-135-24931-00-00			
Name: Grand Mesa Operating Company				Spot Description:			
Address 1: 1700 N WATERFRONT PKWY BLDG 600				SW SE SE NE Sec. 4 Twp. 20 S. R. 22 East West			
Address 2:				2,535 Feet from 🗸 North / South Line of Section			
City: WICHITA State: KS Zip: 67206 + 5514				634 Feet from 📝 East / West Line of Section			
Contact Person: Ronald N. Sinclair				Footages Calculated from Nearest Outside Section Corner:			
Phone: (316) 265-3000				NE NW SE SW			
Type of Well: (Check one)				County: Ness			
ENHR Permit #: Gas Storage Permit #:				Lease Name: <u>J. Gross</u> Well #: <u>1-4</u>			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed: 08/03/2009 The plugging proposal was approved on: 07/30/2009 (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by: Lin Reimer (KCC District Agent's Name)			
0. Depth to Top: 0 Bottom: 0 T.D. 0				Plugging Commenced: 08/03/2009			
Depth to Top: Bottom: T.D.				Plugging Commenced: 08/03/2009			
Depth to Top: Bottom: T.D				Plugging Completed. <u>5575572555</u>			
Show depth and thickness of a	ill water, oil and gas forma						
Oil, Gas or Water			,	Record (Surfa	ace, Conductor & Produ		
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
0	0	Surface	8.625	5	253	0	
Describe in detail the manner cement or other plugs were us 1st Plug @ 1500' v	sed, state the character of	same depth placed from (bott	om), to	(top) for each	plug set.	ods used in introducing it into the hole. If 4th Plug @ 60'	
w/20sxs; 30sxs in the Rat Hole RECEIVED							
						OCT 13 2009	
Plugging Contractor License #: 99996 Name: ALLIED CEMENT COMPANY Name: ALLIED CEMENT COMPANY							
Address 1: 612 N CLA	Y AVE		Address	s 2:			
City: MEDICINE LODGE				State: KS	3	Zip: <u>67104</u> +	
Phone: (620)793-58	61			_			
Name of Party Responsible fo	r Plugging Fees: Gran	d Mesa Operating C	ompa	iny			
State of Kansas County, Sedgwick , ss.							
Ronald N. Sinclair				Employee of Operator or ✓ Operator on above-described well,			
being first duly sworn on oath, the same are true and correct	-	ige of the facts statements, ar	nd matte	ers herein cor	ntained, and the log o	f the above-described well is as filed, and	

Submitted Electronically