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 K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

| OPERATOR: License #:   | 01014                                       |   |  | API No. 15   | - 000 #               | -00 - 00                                    |  |
|--|---|---|--|--|-----------------------|---|--|
| Name:Thoroughbred Assoc. LLC   |   |   |  | Spot Desc  | ription:              |   |  |
| Address 1: 8100 East 22nd St. N. Bldg. 600, Suite F  |   |   |  | S2 SE SE Sec 21 Twp. 32 S. R. 19 East West  330 Feet from North / South Line of Section              |                       |   |  |
| Address 2:   |   |   |  |  |                       |   |  |
| City: Wichita State: KS Zip: 67226 +   |   |   |  | 660  | Feet from             | East / West Line of Section                 |  |
| Contact Person:  |   | ·   | (10)   | Footages (   | Calculated from Near  | rest Outside Section Corner:                |  |
| Phone: (316 ) 685-1512   |   |   |  |  | □ NE □ NW ✓ SE □ SW   |   |  |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic  |   |   |  | County: Comanche   |                       |   |  |
| Water Supply Well SWD Permit #:  |   |   |  | •  |                       | Well #: _2                                  |  |
| ENHR Permit #: Gas Storage Permit #:   |   |   |  | Date Well Completed  |                       |   |  |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No  |   |   |  | The plugging proposal was approved on: 10/7/2009 (Date) by:Eric MacLaren (KCC District Agent's Name) |                       |   |  |
| Producing Formation(s): List All (If needed attach another sheet)  |   |   |  | by: Eric MacLaren (KCC District Agent's Name)  |                       |   |  |
| Depth to Top: Bottom: T.D  |   |   |  | Plugging Commenced: 10/14/2009   |                       |   |  |
| Depth to Top: Bottom: T.D  |   |   |  | I Plugging Completed: 10/14/2009   |                       |   |  |
| Depth to   | o lop: Boi                                  | ttom: 1.D   |  |  |                       |   |  |
| Show death and thickness of  | all water oil and gas for                   | mations   |  | ,  |                       |   |  |
| Show depth and thickness of all water, oil and gas formations.  Oil, Gas or Water Records  Casing Record (Surface, Conductor & Production) |   |   |  |  |                       |   |  |
| Formation Content Casing   |   |   | Casing Record (Surface, Conductor & Production)  Size Setting Depth Pulled Out |  |                       |   |  |
| 1 Official   | Content                                     | Casing  | Jize   |  | Setting Depth         | Pulled Out                                  |  |
|  |   |   | 20"  |  | 90'                   | none  |  |
|  |   |   |  |  |                       |   |  |
|  | :   |   |  |  |                       |   |  |
|  |   |   |  |  |                       |   |  |
|  |   |   |  |  |                       |   |  |
| cement or other plugs were us  | sed, state the character of 75', tag bottor | of same depth placed from (bo<br>m, circulate 100 sac | ttom), to (  | top) for each  | plug set.             | face RECEIVED KANSAS CORPORATION COMMISSION |  |
|  |   |   |  |  |                       | OCT <b>1 9</b> 2009                         |  |
| reference to the contract of   | Milliannesser trades obsesser against       |   | <b>-</b>   |  |                       | CONSERVATION DIVISION                       |  |
|  |   |   |  |  |                       | WICHITA, KS                                 |  |
| Plugging Contractor License #: 5105  |   |   | Name: _  | Clarke (   |                       |   |  |
| Address 1: P.O. Box 18   | 37  |   | Address  | 2:   |                       | 4   |  |
| City: Medicine Lodge   |   |   |  | State: Kansas  |                       | z <sub>ip:</sub> <u>67104</u> +             |  |
| Phone: (620 ) 886-56   | 65  |   |  | 4  | •                     |   |  |
| Name of Party Responsible for  | Plugging Fees: Tho                          | roughbred Assoc.                                      |  |  |                       |   |  |
| State of Kansas County, Barber   |   |   |  | _ , SS.  |                       |   |  |
| Mark Morgenstern (Print Name)  |   |   |  | Employee of Operator or Operator on above-described well,  |                       |   |  |
| being first duly sworn on oath, the same are true and correct Signature:   |   | edge of the facts statements, a                       | nd matter  | s herein conta   | ained, and the log of | the above-described well is as filed, and   |  |