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 #: 33608 API No. 15 - 035-22496-00-00 Name: W.D. Short Oil Co., LLC Spot Description: Address 1: P.O. Box 729 ____NE_NE_SW Sec.5 Twp.34 S. R. 6 V East West Address 2: City: Oxford ____ State: KS Zip: 67119 + ____ 3,150 Feet from East / West Line of Section Contact Person: Don Short Footages Calculated from Nearest Outside Section Corner: Phone: (620) 455-3576 NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: Cowley Water Supply Well Other: SWD Permit #: Lease Name: Waldschmidt well #: A-5 Gas Storage Permit #: ENHR Permit #: Date Well Completed: Is ACO-1 filed?

✓ Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ___ Producing Formation(s): List All (If needed attach another sheet) ____(KCC District Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced: 08-04-09 __ Depth to Top: _____ Bottom: _____ T.D. ____ Plugging Completed: 08-05-09 Depth to Top: Bottom: ______T.D. ____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Formation Casing Size Content Setting Depth Pulled Out PC 5 1/2 3039 1213 SURF 8 5/8 212 Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Gravel pack tag with wire line 2949. Dump 5 sk cmt, dump baller. Shot 5 1/2 1213'. Lay down pipe--31 RECEIVED SEP 0 3 2009 KCC WICHITA Plugging Contractor License #: 34271 Name: Kivett Plugging & Pipe Pulling, Inc. Address 1: P.O. Box 134 _____ Address 2: ___ City: Blackwell ______ State: OK Zip: 74631 + Phone: (580) 363-3036 "Name of Party Responsible for Plugging Fees: WD SHORT OIL CO., LLC ______ X Employee of Operator or Operator on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and