**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 - 035-02115 7 0000			
Name: W.D. Short Oil Co., LLC				Spot Description:			
Address 1:P.O. Box 729				C _N/2 SE SE Sec.2 Twp. 34 S. R. 5 Fast West			
Address 2:				990 Feet from North / V South Line of Section			
City: Oxford State: KS Zip: 67119 + 0729							
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Type of Well: (Check one)				NE NW SE SW			
Water Supply Well Other: SWD Permit #:				County:Cowley			
ENHR Permit #: Gas Storage Permit #:				Lease Name: J.A. Hart Well #: 5			
Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes No				Date Well Completed:			
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced: 08-13-2009			
Depth to Top: Bottom: T.D				Plugging Completed: 08-13-2009			
Depth to Top: Bottom: T.D				Flugging Completed. 00-13-2009			
Show depth and thicknes	<u>'</u>	s formations.					
				Record (Surface, Conductor & Production)			
Formation	Content	Casing			Setting Depth	Pulled Out	
		SURF			223	-0-	
		PC	4 1/2		3139	-0-	
			1/2		0100		
.2							
					<del></del>		
Set CIBP w/cmt	: 3075. Well ha	cter of same depth placed from the depth squeezed. Gotton to surface. Cmt f	Cmt was	s at 300'		/8 and 4 1/2.	Shot RECEIVED SEP 0 3 200
							KCC WICHIT
							NOC MICHI
Plugging Contractor License #: 34271 Name:				Kivett Plugging & Pipe Pulling, Inc.			
Address 1: P.O. Box 134 Address				2:	<del></del>		
City: Blackwell				State: OK		Zip: 74631	+
Phone: (580 ) 363	-3036			_			
*Name of Party Responsib	le for Plugging Fees: 😃	J.D. Short Oil Co	L, LL	د .			
State of KANSAS		John Timner	<b>J</b>	**			
White D Short To				, ss			
Willa	(Print Na	me)	· · · · · · · · · · · · · · · · · · ·	_ 🗗 Empl	oyee of Operator or	Operator on abo	ve-described well,
being first duly sworn on o		nowledge of the facts statements	s, and matter	rs herein conta	ained, and the log o	f the above-described	well is as filed, and
Signature: // / /	your (						/

