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

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WELL PLUGGING RECORD K.A.R. 82-3-117 All blanks must be Filled

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

OPERATOR: License #: 6039				API No. № - 15-009-04736-00-00				
Name:L.D. Drilling, Inc.				Spot Description: S/2 SE				
Address 1: 7 SW 26th Avenue								
Address 2:				Feet from North / 📈 South Line of Section				
City: Great Bend, State: KS Zip: 67530 + 6526								
Contact Person: L.D. Davis				Footages Calculated from Nearest Outside Section Corner:				
Phone: (620) 793-3051				NE NW SE SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County: Barton				
Water Supply Well Other: SWD Permit #:				Lease Name: Kohler 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: (Date)				
Producing Formation(s): List All (If needed attach another sheet)				by: Bruce Rodie (KCC District Agent's Name)				
Depth to Top: Bottom: T.D.				Plugging Commenced: 12-01-09				
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Completed: 12=02-09				
Depth to Top: Bottom: T.D								
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water Records Casing Re					Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
			0 7/0"		127'	None		
		\$,	8-7/8"		137'	None	RECEIVE	
	1	***	5-1/2"		3405'	None	DEC 0.3 0	
	. ~					1.30 0.00 0.00	DEC 0 7 20	
	.***		• • •				MOC MICH	
<u>'</u>		<u>.</u>					NUU VVIUM	
Describe in detail the manner cement or other plugs were us		-				Is used in introducing	it into the hole. If	
		, , , , , , , , , , , , , , , , , , , ,	,		. •			
Perforated casing								
pulled tubing up to								
100 sacks cement		Shut in annulas, p	umpe	d 25 sad	cks cement an	id squeezed t	o 300#.	
Plugging Complete) .							
-								
Plugging Contractor License #: 31529 Nan			Name:	e: Mike's Testing & Salvage, Inc.				
Address 1: P.O. Box 467			Address	dress 2:				
City: Chase	y: Chase			State: Kansas		z _{ip:} <u>67524</u>	+ 0467	
Phone: (620) 938-294	43							
Name of Party Responsible for	Plugging Fees: L.D. [Orilling, Inc.					· · · · · · · · · · · · · · · · · · ·	
State of Kansas	County,	Rice		, SS.	;	•	16 to 1 to	
Mike Kelso				Employee of Operator or Operator on above-described well.				
(Print Name) Specials of Special of Specials of Specials of Specials of Specials of Specials of Special of Specials of Special								
being first duly sworn on oath, the same are true and correct,		ge of the facts statements, ar	nd matters	s herein cont	ained, and the log of the	ne above-described w	ell is as filed, and	
Signatura: 1771	1/2 7/2	1-						

