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

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 #: 6039				API No. 15 - 009-24462-00-00											
Name: L.D. Drilling, Inc.				Spot Description: N/2 SE NW											
Address 1: 7 SW 26th Avenue				Sec. 30 Twp. 19 S. R. 12 East West											
Address 2:															
City: Great Bend State: KS Zip: 67530 +				3,300 Feet from 🕢 East / West Line of Section											
Contact Person: Mike Kasselman				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 #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)				Lease Name: Harris Well #: _8 Date Well Completed:											
								Depth to Top: Bottom: T.D.				* * * * * * * * * * * * * * * * * * *			
								Depth to Top: Bottom: T.D				Plugging Commenced: 11-30-09			
Depth to Top: Bottom: T.D				Plugging Completed: 12-01-09											
					4										
Show depth and thickness of	all water, oil and gas form	nations.													
Oil, Gas or Water Records			Casing I	sing Record (Surface, Conductor & Production)											
Formation	Content	Casing	Size		Setting Depth	Pulled Out									
			8-5/8	ıı	302	None	RECEIVED								
			4-1/2		3459	324'									
							DEC 0 7 2009								
		A ^S A					KCC WICHIT								
Plugged off botton 4-1/2", ran 2-3/8" t	sed, state the character of n with sand to 3 ubing to 900'. p ng off, laid dow	ged, indicating where the mur of same depth placed from (bo 200' and 4 sacks c umped 300 sacks on 7 jts. Tied onto so complete.	ement cemer	top) for each . 4-1/2" nt and ci	r plug set. ' casing parte rculated to su	ed @324', lai urface. Coul	d down dn't pull								
Plugging Contractor License #: 31529 Address 1: P.O. Box 467			Name: Mike's Testing & Salvage, Inc.												
			Addiess			07504	0.40 7								
City: Chase				State: Ka	nsas	Zip: <u>67524</u>	+ 0467								
Phone: (620) 938-29		Deilling Inc.		•											
Name of Party Responsible fo															
	County,	County, Rice		, SS.											
Mike Kelso				Employee of Operator or Operator on above-described well,											
being first duly sworn on oath, the same are true and correct	, so help me God.	edge of the facts statements, a	and matter	s herein con	tained, and the log o	f the above-describ	ed well is as filed, and								