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 #: 5488				API No. 15 - 001-24771-00-00			
Name: TWM PRODUCTION COMPANY				Spot Desc	ription:		
Address 1: 1150 Highway 39						Twp. 26 S. R. 18	
Address 2:				550 Feet from North / South Line of Section			
City: Chanute State: Ks. Zip: 66720 +							
Contact Person: Michael or Jennifer Wimsett Phone: (620) 431-4137				Footages Calculated from Nearest Outside Section Corner:			
Type of Well: (Check one) ✓ Oil Well Gas Well GG D&A Cathodic				NE NW SE SW			
Water Supply Well Other: SWD Permit #:							
ENHR Permit #: Gas Storage Permit #:				Lease Name: Monarch Well #: 60 Date Well Completed: N/A			
Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes ✓ No						proved on: 10/15/09	
Producing Formation(s): List All (If needed attach another sheet)							
Depth to Top: Bottom: T.D				Plugging Commenced: 10/16/09			
Depth to Top: Bottom: T.D				Plugging Completed: 10/16/09			
Depth to Top: Bottom: T.D.							
Show depth and thickness of	all water, oil and gas fo	rmations.					
Oil, Gas or Water Records Casing				Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
SURFACE	20'		6.25				
PRODUCTION	850'		2"				
cement or other plugs were us	INTO THE WATED FROM	rigged, indicating where the mud of same depth placed from (bot ELL TO T.D CEME THE CASING AT SI FROM SURFACE.	tom), to	(top) for each	plug set.		
						ß	VOV 2 0 2009
						KC	C WICHITA
Plugging Contractor License #: 5491 Nan				W & W PRODUCTION COMPANY			
Address 1: 1150 Highway 39 Ad				s 2:			•
City: Chanute				State: KA	NSAS	Zip: 66720	+
Phone: (620) 431-41	37			_			
Name of Party Responsible fo	r Plugging Fees:	M PRODUCTION CO	MPAN	1Y			
State of KANSAS	County	, NEOSHO		, SS.			
MICHAEL J. WIMSE	TT (Print Name)			_ D Emp	oloyee of Operator or	Operator on ab	ove-described well,
being first duly sworn on oath,	, ,	rledge of the facts statements, ar	nd matte	rs herein con	tained, and the log o	f the above-described	well is as filed, and
the same are true and correct.	so help me God.	1 1		0			
Signature:	muits a	Wimsett		Xffic	e Manai	ger	-dh
\mathcal{O}	Mail to: KCC - C	onsanyation Division 130 S	Market	- Poom 207	9 Wichita Kanasa	67202	X X X }