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 #: 3372			API No. 15 - 007-21,547-0000			
Name: Dixon Energy			Spot Description:			
Address 1: 8100 E. 22nd St. North, Bldg. 300, Suite 200			S/2 NW NW NW Sec. 22 Twp. 32 S. R. 12 East West			
Address 2:			Feet from 🕡 North / 🗌 South Line of Section			
City: Wichita State: KS Zip: 67226 +			Feet from East / _/ West Line of Section			
Contact Person: Mike Dixon				Footages Calculated from Nearest Outside Section Corner:		
Phone: (316) 264-9632		☐ NE ✓ NW ☐ SE ☐ SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic			County:	Barber		
Water Supply Well Other: SWD Permit #: Gas Storage Permit #:			Lease Name: Lonker Well #: C-2			
Is ACO-1 filed? Yes No If not, is we		Date Well Completed:				
Producing Formation(s): List All (If needed attach another	- — -	<u>()</u> 140				
Depth to Top: 4470 Bott	-	by: Richard Lacey (KCC District Agent's Name)				
Depth to Top: Bottom: T.D			Plugging Commenced: 11/19/2009			
Depth to Top: Bottom: T.D			Plugging Completed: 11/23/2009			
Show depth and thickness of all water, oil and gas form	nations.					
			sing Record (Surface, Conductor & Production)			
Formation Content	Casing	Size		Setting Depth	Pulled Out	
	Surface	8 5/8		413	None	
	Production	4 1/2		4860	2400	
	Toddciion	7 1/2		4000	2400	
		+				
		<u> </u>				
Describe in detail the manner in which the well is pluggement or other plugs were used, state the character of Sand back to 4700', spot 4 sacks esacks gel, 50 sacks 60/40 4% gel, 11/25 - 2' down in surface, back fill	f same depth placed from (bo cement with dump 2nd 420', 50 sack	ttom), to (bailer	top) for each , pull cas	plug set. sing, run tubii	ng to first 660', pump 15 red	
					DEC 1 1 2009	
Plugging Contractor License #: 5105		Name: _	Clarke	Corporation	KCC WICHITA	
Address 1: 107 W. Fowler			Address 2: P.O. Box 187			
City: Medicine Lodge						
Phone: (620) 886-5665						
Name of Party Responsible for Plugging Fees: Dixo	n Energy					
State of Kansas County,	Barber		_ , SS.			
Mark Morgenster			Employee of Operator or Operator on above-described well,			
(Print Name) being first duly sworn on oath, says: That I have knowler	dae of the facts statements -	nd matter		•		
the same are true and correct, so help me God.	uge or the lacts statements, a	nu matter	s nerein cont	amed, and the log of	the above-described well is as filed, and	