

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 #: 8925
Name: Liberty Operations & Completions, Inc.
Address 1: 308 West Mill
Address 2: _____
City: Plainville State: KS Zip: 67663 + _____
Contact Person: Roger L. Comeau
Phone: (785) 434-4686
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 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)
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 163-23822-00-00
Spot Description: _____
SE NW NW SE Sec. 14 Twp. 9 S. R. 17 East West
2,292 Feet from North / South Line of Section
2,052 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: Howat Well #: 2
Date Well Completed: _____
The plugging proposal was approved on: 9-25-09 (Date)
by: Rich Williams (KCC District Agent's Name)
Plugging Commenced: 5:00 PM
Plugging Completed: 6:00 PM

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

RECEIVED

NOV 16 2009

KCC WICHITA
Vision oil + Gas services LLC

Plugging Contractor License #: 34190 Name: Allied
Address 1: PO Box 31 Address 2: _____
City: Russell State: Kansas Zip: 67665 + _____
Phone: (785) 483-2427
Name of Party Responsible for Plugging Fees: Liberty Operations & Completions, Inc.
State of Kansas County, Rooks, ss.
Roger L. Comeau Employee of Operator or Operator on above-described well
(Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Signature: Roger L. Comeau

AVS