

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 #: 8197
Name: Frank & Kathleen McCorkle
Address 1: 818 RD 21
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____
Contact Person: Frank McCorkle
Phone: (620) 725 3924
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: ~~OG Permit # 27706~~
 ENHR Permit # E-27706 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. _____
NONE Depth to Top: NONE Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: NONE T.D. _____

API No. 15 - 019-19009-00-00
Spot Description: _____
SW SE-SW Sec. 29 Twp. 33 S. R. 12 East West
600 Feet from North / South Line of Section
3710 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: Pitts Well #: 2
Date Well Completed: N/A
The plugging proposal was approved on: 10/27/2009 (Date)
by: D. Sims (KCC District Agent's Name)
Plugging Commenced: 10/27/2009
Plugging Completed: 10/27/2009

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
					None

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.

Bull Head Plug 17 SKS Cement W/Cotton Seed Hulls Down 2&1/2 casing Pressured up to 1000 pounds shut in.

RECEIVED
DEC 16 2009
KCC WICHITA

Plugging Contractor License #: 32884 Name: Elmore's Inc.
Address 1: PO Box 87 Address 2: _____
City: Sedan State: KS Zip: 67361 + _____
Phone: (_____) 620 725 5538
Name of Party Responsible for Plugging Fees: Frank & Kathleen McCorkle
State of Kansas County, Chautauqua, ss.
Frank McCorkle Frank M^c Corkle 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: Frank M^c Corkle