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 #:33523				API No. 15 - 171-20738-00-00				
Name: OKT RESOURCES, LLC				Spot Description:				
Address 1: 1900 East 15th Street, Bldg 600				CSE_NW_NE_Sec.22_Twp.19_S. R. 31East ✓ West				
Address 2:								
City: Edmond State: OK Zip: 73013 +								
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: (405) 396-1140				✓ NE NW SE SW				
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ✔ D&A ☐ Cathodic				ounty:	SCOTT			
Water Supply Well Other: SWD Permit #:				Lease Name: SUPPES Well #: 2-22				
ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #: SACO-1 filed? Yes No No No No No No No N					Completed: 12/11/			
	-					oved on: <u>12/11/09</u>		
Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.				by: MIKE MAIER (KCC District Agent's Name)				
				Plugging Commenced: 12/11/09 Plugging Completed: 12/11/09				
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D								
Depth to	1 top: Botto	m: 1.U						
Show depth and thickness of a	all water, oil and gas forma	ations.	•					
				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		OUDE 4 OF	0.5/0"		0001			
		SURFACE	8 5/8"		369'	0	'4	
		with the statement of t	1 1					
7. i sa				•			2.4	
	* ^ **!			_				
on myra mente degle ga	The state of the s							
Describe in detail the manner						ls used in introducing it into	the hole. If	
cement or other plugs were us	ed, state the character of	same depth placed from (bott	om), to (top)	tor each	plug set.			
1st Plug @ 2360' v		• •				Relie ive	-D	
4th Plug @ 390' w	•	_	h Plug @	② Rat	thole w/ 30 sx,			
Total 270 sx 60/40 Pozmix, 4% Gel, w/ 1/4# Floseal,				DEC 1 5 2009				
Plug Down @ 12:0	0 A.M. on 12/12	/09 by Basic Energ	gy					
						KCC WICI	HITA	
e english se ett i en etterma ett ja ja gangeras.	, ii e ee e	and the second s		•	. —	- ಹಾಗಳಿಗೆ ಸ್ವಾಹಾಪ್ ಎಕ್ಕು ಬರ್ಕ -		
	6030		. 1	ח ח	RILLING INC			
Plugging Contractor License #: 6039 . Name: _								
Address 1: 7 SW 26 AV	/E.		Address 2:					
City: _GREAT BEND		Sta	ate: KS		z _{ip:} 67530+			
Phone: (620) 793-30	51							
Name of Party Responsible for	r Plugging Fees: OKT	RESOURCES, LLC	,					
State of KANSAS	County,	BARTON	, s	s.				
SUSAN SCHNEWEIS employee of Contractor					Employee of Operator or Operator on above-described well,			
being first duly sworn on oath,	(Print Name)	ige of the facts statements an	d matters he	rein con	tained and the log of the	ne above-described well is:	as filed and	
the same are true and correct,	Α	A A	o mancis ne	ioni wii	unicu, and the log Of the	to above dead libed well is	ac mea, and	
	1 /		,					
Signature:		·~						