

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  
December 2003  
Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

Lease Operator: Falcon Exploration  
Address: 125 N Market Ste 1252  
Phone: (316) 262-1378 Operator License #: 5316  
Type of Well: Oil-Gas DH KCCPT CP2/3 1032701  
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)  
The plugging proposal was approved on: 11-24-09 (Date)  
by: Lin Reimer (KCC District Agent's Name)  
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 Number: 15-025-21489-00-00  
Lease Name: Norman  
Well Number: 1-30  
Spot Location (QQQQ): NW-NE-SW-SE  
1200 Feet from  North /  South Section Line  
1890 Feet from  East /  West Section Line  
Sec. 30 Twp. 30 S. R. 21  East  West  
County: Clark  
Date Well Completed: 12-04-09  
Plugging Commenced: 12-04-09  
Plugging Completed: 12-04-09

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

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
		0	263	13 3/8	11-17-09	

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.

50 sx 6378 50 sx 1260 100 sx 630 100 sx 300  
40 sx 60 30 sx Rat 20 sx Mouse 60/40 Poz 4% gel

Name of Plugging Contractor: Alfred Val Energy Inc License #: 5822 **RECEIVED**  
Address: Medicine Lodge **DEC 16 2009**  
Name of Party Responsible for Plugging Fees: Falcon **KCC WICHITA**  
State of \_\_\_\_\_ County, \_\_\_\_\_, ss.

Toby Hagemeier (Employee of Operator) or (Operator) on above-described well, 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) Toby Hagemeier  
(Address) 311 N. Springlake Meade, KS 67864

SUBSCRIBED and SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_