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

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

			52-3-117		~~	
OPERATOR: License #: 32143				API No. 15 - 003 - 01821 - 00 - 00		
Name: B&B O,4 Recovery				Spot Description:		
Address 1: 279/4 NE 2250 Rd				NE-NE-NE Sec. 17 Twp. 21 S. R. 20 X East West		
Address 2:				Feet from North / 🔀 South Line of Section		
City: 6 revley State: KS Zip: 66033 +				Feet from East / West Line of Section		
Contact Person: Tom Banghar				Footages Calculated from Nearest Outside Section Corner:		
Phone: (785) 867 - 3413				☐ NE ☐ NW ☐ SE ☐ SW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County:AN Well #:8 - 4P		
Water Supply Well Other: SWD Permit #:						
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on:(Date)		
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name)		
				Plugging Commenced: 9/15/09		
Depth to Top: Bottom: T.D				Plugging Completed: 9/25/09		
Depth to Top: Bottom: T.D				i lugging (sompleted	
						
Show depth and thickness of a	all water, oil and gas form	ations.				
Oil, Gas or Water	l, Gas or Water Records Ca		Casing F	g Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
College	Surface			1/2	alla	
Squirrel			10		1//7	
	Production		1	VA	NA	
cement or other plugs were us	ed, state the character of	ed, indicating where the mud same depth placed from (bot	tom), to (op) for each	plug set.	RECEIVED KANSAS CORPORATION COMMISSION DEC 0 4 2009
Plugging Contractor License #: 33 749 Name Address 1: 19 245 Ford Koad Addres				X L	us, LLC	CONSERVATION DIVISION WICHITA, KS
Address 1: 19 243	Ford Koa	<u>/</u>	Address	2:		
City: <u>Chanu</u>	10	***		State:	K5.	Zip: <u>lo6 72 0</u> +
Phone: ()						
Name of Party Responsible for	Plugging Fees:	Bsifoll Recov	rry			
State ofKS	County, _	AN		SS.		
Tom Bai	igher (Print Name)			. Emp	oloyee of Operator or	Operator on above-described well,
being first duly sworn on oath, sthe same are true and correct,	says: That I have knowled so help me God.	ge of the facts statements, ar	nd matters	herein cont	tained, and the log of	the above-described well is as filed, and
Signature: John /	Baugher					