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

		K.A.R. 8	2-3-117			Ali blanks must be Filled	
OPERATOR: License #:	32145		AP	Pi No. 15 -	003-0182	22-00-00	
OPERATOR: License #: 32/45  Name: Br B Dil Recovery				Spot Description:			
Address 1: 279 14 NE 2250RL Gradey Ks. 66033				WE Sec. 17 Twp. 21 S. R. 20 X East West			
City: Greeley State: Ks. Zip: 166033+							
Address 2:				Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW			
Water Supply Well Other: SWD Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No				County:			
				Date Well Completed:			
	·		N1-			oved on: (Date)	
Producing Formation(s): List	All (If needed attach anothe	er sheet)	by:			(KCC District Agent's Name)	
				riagging commences			
·	om:T.D	J Plu	Plugging Completed: 9/35/09				
Depth to	0 10p Botte	Jiii I.D	<del></del>				
Show depth and thickness of	all water, oil and gas form	ations.					
				Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	· · · · · ·	etting Depth	Pulled Out	
Squirvel	Surface		10		NA		
	Park		2				
	1100 Oction		2		NA		
						[	
cement or other plugs were us $\mathcal{K}_{\mathcal{U}}$ $\mathcal{M}$	sed, state the character of $\omega$ and $\omega$	same depth placed from (bott	tom), to (top) for	or each oli	o set	ds used in introducing it into the hole. If  The newh day  RECEIVED  KANSAS CORPORATION COMMISSIO	
						DEC 0 4 2009	
Plugging Contractor License #	ı:33 749		Name:	Ku	15. LLC	CONSERVATION DIVISION WICHITA, KS	
Address 1: 1924	15 Ford Road	1	Address 2:				
city: <u>Chanute</u>			Stat	te:	Ks.	Zip: <u>66 720</u> +	
Phone: ( )							
Name of Party Responsible for	r Plugging Fees:	& Boil Recover	<i>-</i> 15				
State at KS		A 11	7				
orate of	VIIV	, ss	3. ¬		_		
(Print Name)				, ss.  Employee of Operator or Operator on above-described well,			
	•					he above-described well is as filed, and	
he same are true and correct,	so help me God.					<b>A</b>	
Signatura: Som	Rouch					$\mathcal{P}_{\mathbf{k}}$	