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

WELL PLUGGING RECORD
K.A.R. 82-3-117

Lease Operator: CEP Mid-Continent LLC Address: 15 West Sixth Street, Suite 1400 Tulsa, OK Phone: (918)877-2912 Operator License #: 341527					API Number: 15-125-26,027-00-00 Lease Name: De Cows Well Number: 2										
								Phone: (7-0 /0//	1		_		Spot Location (OOC	0) NW/4-NW/4-SE/4	1
								Type of Well: Docket #: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)					0.3/997		
					Feet from	North South Section L									
	was approved on:			(Date)	Feet from	East / Weet Section	fe								
by: \$11.550	II Hine		(KCC District	Agent's Name)	Sec. 8 Twp.	35 s. R. 16 X East	West								
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					County: Monto										
Producing Formation(s):	: List All (If needed attach	another sheet)		ext.		Intent Dated 4/19	1/198								
Nutice of In	for f Depth to Top:	Botton	ı:	1.0. 5001			7								
Depth to Top: Bottom: T.D.					Plugging Commenced: 4770/01/07										
	Botton			Plugging Completed: 5/12/2010											
															
· · · · · · · · · · · · · · · · · · ·	ess of all water, oil and	gas formations.													
Oil, Gas o	or Water Records Content	From To Size			(Surface Conductor & Production) Put In Pulled Out										
1 Official of	Content		i	0.20		T uned out									
		20'	0'		Intent 1983										
		151	0'	2/2		5/10/2010									
						RECEIVED									
						MAY 2 6 2010									
Runin 1".		de Surfa	$\overline{}$			cement from									
Name of Plugging Con	tractor: K-W Oi Ford Rd.		,		License #:	3097									
Name of Party Pospos	sible for Plugging Fees:	CF	P MI	d-Con-	finent LL	C									
Name of Party Respons	· ·	, Neosh													
State of 7 U/10	Count			, SS.											
<i>De</i> stree Kef	Dey (K-W OU	WellSer	lice In	: (Employee of	Operator) or (Operato	r) on above-described well, being fir	st duly								
		the facts stateme	nts, and matte	ers herein contair	ned, and the log of the	above-described well is as filed, a	ind the								
same are true and corr	ect, so help me God.		Day	ر مراس مراس											
A NOTARY PUBLIC	C - State of Kansas	(Signature),	NISI	ree per	sley)	1 1/ 1 dha									
MICHELLE	C 00 0	(Address)	9450	Ford.	Kd. [//a/	ute, KS 66720									
My Appt. Expire		nd SWORN TO be	efore me this	20 day of	may	. 20 }	0								
	mich	lle /	John	14	Commission Expires:	8-29-2012									