· Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

OPERATOR: License #: 6139

## 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

API No. 15 - 095-21,275 - 00 -00

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

Name:Jay C Boyer				Spot Description: SW/4  - N2 NUSW Sec. 1 Twp. 27 S. R. 8 East  west  2,080 Feet from North / South Line of Section  660 Feet from East / West Line of Section  Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW			
Address 1: PO BOX 511							
Address 2:							
City: HAYS State: KS zip: 67601 + 0511							
Contact Person: BILL SCHOENHOFER							
Phone: (620 ) 257-3294							
Type of Well: (Check one) 📝 Oil Well 📗 Gas Well 🔲 OG 🔲 D&A 📗 Cathodic				County: KINGMAN			
Water Supply Well Other: SWD Permit #:				Lease Name: STUCKY C Well #: 4			
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)			
Depth to Top: Bottom: T.D.				I Plugging Commenced: U8-U3-2U1U			
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				1 Plugging Completed: U8-6-2010			
Depin to	D 10p: Bot	.tom: 1.D					
Show depth and thickness of	all water, oil and gas forr	mations.				and the second s	
Oil, Gas or Water Records				Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
			8 5/8		215		
		ļ	4 1/2		3659	24701	
			4 1/2		3639	2170'	
			-				
Rigged up on local bailer, Dug out cell pumped water dow waited for 2 hours.	tion, Checked har and pit. set f ar and pit. set f In casing to kill Tag cement at	of same depth placed from (bot iole with bailer sand loor in pulled 16" o	tiom), to ded both strett asing oumper to the time of time of the time of	ottom to cch. cut to 1200 ed 35 sx	3500' dumpe casing at 217 ' pumped 35 s cement pulled	sacks 60/40 pos 4% gel. d to 265' circulated	
		*	orou	OII. 1 IG	gging complet		
	2150			Mileoto	Tasting and Ca	hiana laa	
Plugging Contractor License #	3159		Name: _	MIKE'S	Testing and Sa	ivage, inc.	
Address 1: Po Box 467			Address	2:	,		
City: Chase				State: Ks		z <sub>ip:</sub> <u>67524</u> +	
Phone: (620 ) 938-29	43						
Name of Party Responsible for	Plugging Fees: <u>Jay</u>	C Boyer	•				
State of Kansas	County,	Kingman		, SS.			
				☐ Emr	ployee of Operator or	Operator on above-described well,	
	(Print Name)			-	•	_ ,	
being first duly sworn on oath, the same are true and correct,		edge of the facts statements, ar	nd matter	s herein con	tained, and the log of	the above-described well is as filed, and	
2		h				RECEIVE	
Signature:	_ / ~			· · · · · · · · · · · · · · · · · · ·		. "FOLIVE	