

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

OPERATOR: License #: 32278  
Name: Tengasco, Inc.  
Address 1: PO Box 458  
Address 2: 1327 Moose Rd  
City: Hays State: KS Zip: 67601 + \_\_\_\_\_  
Contact Person: Gary Wagner  
Phone: ( 785 ) 625-6374  
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
Is ACO-1 filed?  Yes  No If not, is well log attached?  Yes  No  
Producing Formation(s): List All (if needed attach another sheet)  
Herrington Depth to Top: 1853' Bottom: 1869' T.D. 2016'  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 185-20751-00-00  
Spot Description: \_\_\_\_\_  
E2 W2 NW Sec. 21 Twp. 24 S. R. 13  East  West  
3,960 Feet from  North /  South Line of Section  
4,290 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Stafford  
Lease Name: Beckerdite Well #: 1  
Date Well Completed: \_\_\_\_\_  
The plugging proposal was approved on: 7/26/10 (Date)  
by: Richard Lacey (KCC District Agent's Name)  
Plugging Commenced: 7/28/10  
Plugging Completed: 7/29/10

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		Surface	8-5/8"	280'	
		Production	4-1/2"	2034'	

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.

7-28-10 Tied onto 4-1/2" csg. Mixed & pumped 285 sx 60/40 4% gel. Lost circulation. Cmt did not circulate.  
7-29-10 Tied onto 8-5/8" csg. Squeezed to 425 PSI w/ 100 sx. Circulated cmt to surface in 4-1/2" csg w/ 25 sx 60/40 4% gel. Plugging complete.

RECEIVED  
AUG 12 2010

Plugging Contractor License #: 32332 Name: Fischer Well Service  
Address 1: PO Box 773 Address 2: \_\_\_\_\_  
City: Hays State: KS Zip: 67601 + \_\_\_\_\_  
Phone: ( 785 ) 628-3837  
Name of Party Responsible for Plugging Fees: Tengasco, Inc.  
State of Kansas County, Ellis, ss.  
Gary Wagner  Employee of Operator or  Operator on above-described well,  
(Print Name)

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: Gary Wagner