**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 #: 6009				API No. 15 - 063-21861-00-00			
Name: Double Eagle Exploration, Inc.				Spot Description: SW/4			
Address 1: 221 S. Broadway, #310				CNW_NW_SW Sec.32 Twp.14 S. R. 29 ☐ East West			
Address 2:				2,310 Feet from North / South Line of Section			
City: Wichita State: KS Zip: 67202 +							
Contact Person: _Jim_Robinson				Footages Calculated from Nearest Outside Section Corner:			
Phone: (316_) 264-0422				□ NE □ NW □ SE ✓ SW			
Type of Well: (Check one)				County: Gove			
Water Supply Well Other: SWD Permit #:				Lease Name: Thompson Coberly Well #: 3			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 8-13-10			
Is ACO-1 filed? Yes No If not, is well log attached? Yes				(2010)			
Producing Formation(s): List All (If needed attach another sheet)				by: Bruce Rodie (KCC District Agent's Name)			
Depth to Top: Bottom: T.D.				Plugging Commenced: 0-13-10			
Depth to Top: Bottom: T.D				Plugging Completed: 8-13-10			
Depth to Top: Bottom: T.D							
				l			
Show depth and thickness of		mations.				· · · · · · · · · · · · · · · · · · ·	
Oil, Gas or Water Records				Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		Surface	8 5/8	, r	266'	None	
		'					
cement or other plugs were us Plugged with 205 s	sed, state the character sks of 60/40 PC sks 2nd plu	of same depth placed from (bo DZ 4% GEL 1/4# F g 1020' - 100 sks	ttom), to	(top) for each	i plug set. ack.	ds used in introducing it into the hole. If	
Plugging Contractor License #: 34233 Name: Name:					ck Drilling, LLC		
400 C. Main. Cuita 440				Address 2:			
City:							
Name of Party Responsible for		thie Fagle Exploration	n Inc	<del>-</del>			
			1, 1110.				
, , , , , , , , , , , , , , , , , , ,				, SS.		·	
Jim Robinson Employee of Operator or   (Print Name) (Print Name) Control of Operator or ■ Operator on above-described we							
being first duly sworn on oath, the same are true and correct,	says: That I have knowled	edge of the facts statements, a	nd matte	rs herein con	tained, and the log of	the above-described well is as filed, and	
	Roberm	<b>~</b>					
Signature:	1						
1	Mall to: KCC - Co	nservation Division, 130 S.	Market	- Room 207	8. Wichita, Kansas	67202 SEOFN/FF	

RECEIVED

AUG 2 5 2010

KCC WICHITA