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 #:7030				I API No. 15 - 141-20414-00-00			
Name:John Roy Evans Oil Company, LLC				Spot Description:			
Address 1:P.O. Box 385				NW SE NW NE Sec. 2 Twp. 10 S. R. 15 East Wes 680 Feet from North / South Line of Section 1,750 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
Address 2:							
City: Claflin State: KS Zip: 67525 +							
Contact Person: _Gary Kirmer							
Phone: (620_) 793-2026				NE NW SE SW County: Osborne			
Type of Well: (Check one) Oil Well Gas Well OG 🗸 D&A Cathodic							
Water Supply Well Other: SWD Permit #:				Lease Name: Finnesy Well #: 5			
ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes				Date Well Completed: 7/20/2010			
			- [roved on: 7/20/2010 (Date	
Producing Formation(s): List All (If needed attach another sheet)				by: Ed Schumacher (KCC District Agent's Name,			
Depth to Top: Bottom: T.D.				Plugging Commenced: 7/20/2010 Plugging Completed: 7/20/2010			
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D							
	John Botto	1.D					
Show depth and thickness of a	all water, oil and gas forma	tions.					
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
·						· · · · · · · · · · · · · · · · · · ·	
				•		7 1 L 1981, May 2	
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cement or other plugs were us Plugged with 200 s	ed, state the character of sacks 60/40 Poz. 570', 3rd plug- 40	same depth placed from (bott , 4% Gel., $1/4\#$ flo	tom), to (to seal pe	p) for each er sack.	plug set 1st plug- 25	sacks @ 1160', 2nd surface. Rat hole- 30 RECEIVED	
						AUG 1 7 2010	
						KCC WICHITA	
Plugging Contractor License #: 33905							
				Address 2:			
City: _Russell							
Phone: (<u>785</u>) <u>483-64</u>	40						
Name of Party Responsible for			oany, Ll	_C			
State of Kansas	County,	Barton		. ss. :	• •		
State of Kansas County, Barton Gary Kirmer (Print Name)				Fmc!	ovee of Operator of	Operator on above-described well.	
peing first duly sworn on oath, s he same are true and correct, s مراس		e of the facts statements, and	d matters h	nerein conta	ained, and the log of t	he above-described well is as filed, and	
Signature:	The state of the s			1-1-41.m.			