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 #: 3273				API No. 15 - 007-22525 00 01				
Name Herman Loeb LLC				Septot Description:				
Address 1: P.O. Box 838				SE NW Sec. 28 Twp. 33 S. R. 13 East West				
Address 2:				4.916 2084 Feet from North / South Line of Section				
city: Lawrenceville state: IL zip: 62439 +				East / West Line of Section				
Contact Person: Alan Vratil				Footages Calculated from Nearest Outside Section Corner				
Phone: (620_) _886-2419				✓ NE NW SE SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County: Barber				
Water Supply Well Other: SWD: Permit #:				Lease Name: McKee Well #: #9				
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: 11/24/2010 (Date)				
Producing Formation(s): List A				_{by:} Ker		(KCC Distr		
Depth to Top: 4618 Bottom: 4630 T.D. 5050				Plugging Commenced: 11/24/2010				
Depth to Top: Bottom: T.D				Plugging Completed: 4/1/30/10				
Depth to Top: Bottom: T.D								
Show depth and thickness of all water, oil and gas formations.								
Oil, Gas or Water Records			Casing Re	sing Record (Surface, Conductor & Production)				
Formation	Content	Casing		***************************************	Setting Depth	Pulled Out None		
		Surface	8 5/8		403			
		Production	5 1/2	,	5099	2800		
		1 Toduction	<u> </u>		3099	2800		
. ,	. , .		i -					
				 		<u></u>		
Set CIBP at 4570', pump 13sx gel, 50s	spot 2sx cemen	same depth placed from (botto t on CIBP with dun	om), to (to np bai	op) for each ler, pull	casing out, ru	un tubing to 1s	t 650',	
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			•	**				
	5105			Clarko	Corporation			
Plugging Contractor License #: 5105 Name:								
Address 1: P.O. Box 187 Address				2: 107 W. Fowler				
City: _Medicine_Lodge				State: KS	3	zip: <u>67104</u>	_+	
Phone: (620) 886-56	665							
Name of Party Responsible for	Plugging Fees: Herm	an L. Loeb, LLC			• • •			
State of Kansas		Barber		_ , SS.				
Mark Morgenstern		V ₁ ,		Emp	oloyee of Operator or	Operator on abov	e-described well,	
being first duly sworn on oath,	(Print Name) says: That I have knowled	ge of the facts statements an	d matters	herein con	tained, and the log of	the above-described w	ell is as filed, and	
the same are true and correct,				3.,	,		,,,	
Signature: Mork mogenater					Ł,	W REC	EIVED	
	<i>U</i>					DEC	0.8 2010	
	Mail to: KCC - Cons	servation Division, 130 S. I	Market -	Room 207	8, Wichita, Kansas	67202 UEC	O'O TAIL	

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