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

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

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

OPERATOR: License #:6988				API No. 15			
Name: Smith Oil Operations				Spot Description: SW NW NE			
Address 1: P.O. Box 550				Sec. 11 Twp. 18 S. R. 8 East  West			
Address 2:							
City: Hutchinson State: KS Zip: 67504 + 0550				2,310 Feet from Feet from West Line of Section			
Contact Person: Dale Ohl				Footages Calculated from Nearest Outside Section Corner:			
Phone: (620 ·) 663-6622				NE NW SE SW			
Type of Well: (Check one) ✓ Oil Well Gas Well OG D&A □ Cathodic .				_			
Water Supply Well Other: SWD Permit #::				County: * Rice  Lease Name: Ross B Well #: 1			
ENHR Permit #: Gas Storage Permit #:				and the second second			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed:			
Producing Formation(s): List All (If needed attach another sheet)				by: Virgil Clothier (KCC District Agent's Name)			
Depth to Top: Bottom: T.D.				_			
Depth to Top: Bottom: T.D				Plugging Commenced: 3-1-11			
Depth to Top: Bottom: T.D				Plugging Completed: 3-3-11			
				•			
Show depth and thickness of all water, oil an	d gas formations.						
Oil, Gas or Water Records Casing				Record (Surface, Conductor & Production)			
Formation Content	Casing	Size		Setting Depth	Pulled Out		
		40.0					
		10-3/	4"	219'	None	e	
		7"		3247'	1080'		
		-		,			
	.A. '				1,		
Describe in detail the manner in which the wascement or other plugs were used, state the complete Plugged off bottom with sand to 1025', pumped 50 sacks and circulated 190 sacks complete the complete sacks of the complet	tharacter of same depth placed from ( and to 3190' and 7 sacks cement, pulled up to 7	(bottom), to cement 75', pun	(top) for each t. Cut ca nped 50	plug set. Ising loose (a	01080', pulle	d up	
				•	:		
					•	,	
•		*			•		
Plugging Contractor License #: 31529		Name:	Mike's	Testing & Salv	age, Inc.		
Address 1: P.O. Box 467	.s.				• .		
Address 1; 1°.O. DOX 407	., 4; 1	Address	2: 1125	S. Main			
City: Chase			State: Kar	nsas	zip: 67534	<u> </u>	
Phone: (620 ) 938-2943	•	-	-	· · ·		, i (4.5.5)	
Name of Party Responsible for Plugging Fees	s: Smith Oil Operations						
State of Kansas	County, Rice				•		
Mike Kelso	Oddrity,		, SS.	· •	·		
	int Name)		_	loyee of Operator or	Operator on a	bove-described well,	
being first duly sworn on oath, says: That I ha	ve knowledge of the facts statements	s, and matte	rs herein cont	ained, and the log of	f the above-describe	d well is as filed, and	
the same are true and correct, so help me Go						RECEIVED	
Signature: 2012	766						
			_		· M	AR 2 3 2011	