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

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

Form CP-4

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

OPERATOR: License #:				API No. 15 - 051-26081-00-00			
Name:IA Operating, Inc				Spot Description:			
Address 1: 9915 W. 21st Street N				<u>SE_NW_SE_Sec.8</u> Twp. <u>14_SR. 20</u> East  West			
Address 2: Suite B				1,400 Feet from North / South Line of Section			
City: Wichita State: KS Zip: 67205 +				1,835 Feet from 📝 East / 🗌 West Line of Section			
Contact Person: Robert D. Swann					Footages Calculated from Nearest Outside Section Corner:		
Phone: (316_) 721-0036					☐ NE ☐ NW 🗸 SE ☐ SW		
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☑ D&A ☐ Cathodic  Water Supply Well ☐ Other: ☐ SWD Permit #:				County: Ellis			
ENHR Permit #: Gas Storage Permit #:						Well #: 8-1	
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed: 1/23/2011 The plugging proposal was approved on: 1/21/2011 (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by: David Wann- Hays KCC (KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced: 1/23/2011			
Depth to Top: Bottom: T.D				Plugging Completed: 1/23/2011			
Depth to Top: Bottom: T.D				Plugging Completed.			
Show depth and thickness of	all water, oil and gas f	ormations.					
			,	asing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		Surface	8 5/8	"	223'	None	
			1				
			<del> </del>				
				·			
1st plug - 25 sks (30 sks in the Rat I	@ 1500', 2nd ր Hole, 15 sks ir		', 3rd emen	plug - 40 ting mate	0 sks @ 270', erial was 220	4th plug - 10 sks @ 40', sks of 60/40 POZ 4%	
Plugging Contractor License #: 34233 N				ne: Maverick Drilling, LLC			
Address 1: 100 S. Main, Suite 440				s 2:			
City: Wichita				_ State: KS	3	zip: <u>67202</u> +	
Phone: (316 ) 262-6	700	•		_			
Name of Party Responsible f	or Plugging Fees: <u>IA</u>	Operating, Inc					
State of Kansas County, Sedgwick				, ss.			
Robert D. Swann (Print Name)					Employee of Operator or Operator on above-described well,		
being first duly sworn on oath	n, says: That I have kno	•	nd matte	ers herein con	ntained, and the log of	f the above-despribed well is as filled, and	
the same are true and correct	it, so help me God	) \ \ \ .				MAR 1 4 2011	
Signature: 900	WW Col	Johnson		<u></u>		MAR 17 ZUII	