

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
Name: Herman L. Loeb LLC
Address 1: P.O. Box 838
Address 2: _____
City: Lawrenceville State: IL Zip: 62139 + _____
Contact Person: Alan Vratil
Phone: (620) 886-2419
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
Mississippi Depth to Top: 4546 Bottom: 4570 T.D. 4610
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 007-00061-00-00
Spot Description: _____
NE 3/2 SW 343 Sec. 15 Twp. 33 S. R. 11 East West
4,902 5107 Feet from North / South Line of Section
625-KCC-00 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Page Estate Well #: 1
Date Well Completed: _____
The plugging proposal was approved on: 1/31/2011 (Date)
by: Ken Jehlik (KCC District Agent's Name)
Plugging Commenced: 3/4/2011
Plugging Completed: 3/8/2011

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		Surface	10 3/4"	339	0
		Production	7"	4610	0

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Spot 5sx cement on bridge plug set at 4500' with dump bailer, perforate at 600', run tubing to 600', pump 15sx gel, 90sx 60/40 POZ 4% gel, circulate to surface, could not circulate up surface, circulate cement out of casing, pump down surface, had good circulation, pump 310sx 60/40 POZ 4% gel down surface up casing, circulate cement up 7"

Plugging Contractor License #: 5105 Name: Clarke Corporation
Address 1: P.O. Box 187 Address 2: 107 W. Fowler
City: Medicine Lodge State: KS Zip: 67104 + _____
Phone: (620) 886-5665
Name of Party Responsible for Plugging Fees: Herman L. Loeb LLC
State of Kansas County, Barber, ss.
Mark Morgenstern
(Print Name) Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Signature: Mark Morgenstern

RECEIVED

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

MAR 14 2011

KCC WICHITA