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 #: 30606				API No. 15 - 101-22269-0000			
Name: Murfin Drilling Company, Inc.				Spot Description:			
Address 1: 250 N Water, Suite 300				SW - SW NW NW Sec. 12 Twp. 18 S. R. 30 ☐ East West			
Address 2:				1,175 Feet from North / South Line of Section			
City: Wichita State: KS Zip: 67202 +							
Contact Person: Leon Rodak				Footages Calculated from Nearest Outside Section Corner:			
Phone: (316_) 267-3241				NE NW SE SW			
Type of Well: (Check one)				County: Lane Lease Name: Cramer-Sharp Unit Well #: 1-12X			
ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No				l			1-12X
				Date Well Completed: 12/18/2010 The plugging proposal was approved on: 12/17/2010 (Date)			
Producing Formation(s): List A	_		· · · -			(KCC Dis	
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Commenced: 12/17/2010 Plugging Completed: 12/18/2010			
				<u> </u>			
Show depth and thickness of a		mations.					
	Oil, Gas or Water Records				face, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		Surface	13 3	/8	208	0	
		Surface	8 5/8		2439	496	
	•						
Describe in detail the manner cement or other plugs were us Allied plugged hole 160 sx displace to @1000', shot 8 5/8 210', 30 sx @ 40', 3:00 pm on 12/18/2	ed, state the character with, 50 sx @ 1200' 1/3 retur " off & recover 30 sx in RH, 2	of same depth placed from (b) 2460', set cast iro rns @ 1500, perfor red 496' @ 496', 50	oottom), to on bridg ate 5 s 0 sx th	(top) for each ge plug (shots @ rough dr	n plug set. @ 2200', perfo 1000', 100 sx ill pipe good o	orate 5 shots @ displace to 82 circ @ 496', 60	① 1500', !0' no circ sx @
Plugging Contractor License #: 30606				Name: Murfin Drilling Company			
Address 1: 250 N Water, Suite 300							
City: Wichita				State:_ K	S	Zip: <u>67202</u>	+
Phone: (316) 267-32							
Name of Party Responsible fo						F	RECEIVED
State of Kansas County, Sedgwick				MAD 2 a and			
Leon Rodak				Denotor or Operator on			
(Print Name) being first duly sworn on oath, says: That I have knowledge of the facts statements, and matt				" " " " " " " " " " " " " " " " " " "			
being first duly sworn on oath, the same are true and correct		viedge of the facts statements	, and matte	ers herein co	ntained, and the log o	t the above-described v	veii is as filed, and *
Signature:		201					