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 #:6	6006			API No. 1	5 007-20221	-00-01								
Name:Molz Oil Company			SW_SW_Sec. 2 Twp. 35 S. R. 12 East \( \sqrt{\text{West}} \) West 810 Feet from \( \sqrt{\text{North}} \) North / \( \sqrt{\text{V}} \) South Line of Section											
Address 1: 19159 SW Clairmont  Address 2:  City: Kiowa State: KS Zip: 67070 +														
							Contact Person:Jim_Mo			<del></del>	Footages	Calculated from Near	rest Outside Section Corner:	
							Phone: (620 ) 296-45					NE NW	SE 🗸 SW	
Type of Well: (Check one) ✓ Oil Well Gas Well OG D&A Cathod				County: Darbei										
Water Supply Well Other: SWD Permit #:				Lease Na	me: Molz	Well #: 4								
ENHR Permit#:		storage Permit #:		Date Well	Completed:	4/00/0044								
Is ACO-1 filed? Yes No If not, is well log attached? Yes  Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: 4807 Bottom: 4832 T.D. 518				by: Steve Durant (KCC District Agent's Name)										
								Plugging Completed: 1/26/2011						
				Depth to	o Top: Bot	tom:T.D	·							
Show depth and thickness of		mations.												
Oil, Gas or Water	Records			Record (Surfa	face, Conductor & Production)									
Formation	Content	Casing	Size	·	Setting Depth	Pulled Out								
	14N P 14 N	Surface	10 3/	<del> </del>	202	None								
· · · · · · · · · · · · · · · · · · ·		Production	4 1/2		5087	653								
• ,				. • •		31								
Run tubing to 4735 casing to part, run	sed, state the character of 5', spot 2sx hull tubing to 1st 60	of same depth placed from (bo s, 50sx gel, 50sx c	ottom), to lass A	(top) for each	n plug set. :, lay down tub	ods used in introducing it into the ho bing, lay down 653' mp 75sx cement, 3rd								
60', 30sx circulate	to surface.					RECEIVE								
		•		,										
المن وجوي		and the second of the second o		e		JAN Z 8 ZI								
5105				Name: Clarke Corporation KCC WICHITA										
Plugging Contractor License #: 5105				Name.										
Address 1: 107 W. Fowler														
city: Medicine Lodge	· · · · · · · · · · · · · · · · · · ·	<u> </u>		_ State: <u>KS</u>	3	zip: <u>67104</u> +								
Phone: ( <u>620</u> ) <u>886-56</u>	665	in the second second		-		gs.e								
Name of Party Responsible fo	Plugging Fees: Mol	z Oil Company				The state of the s								
State of Kansas	County,	Barber	:	, ss										
Mark Morgenstern (Print Name)				Fmployee of Operator or Operator on above-described well,										
•	says: That I have knowle		and matte	rs herein con	tained, and the log of	the above-described well is as filed								
Signature: Mout	2 Throe	noten	•			· .								