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

0001

OPERATOR: License #: 6131					API No. 15 - 115-21051-00-1			
Name:Drillers & Producers, Inc.				Spot Desc	ription:	^		
Address 1: P.O. Box 385						Twp. 22 S. R. 4 ✓		
Address 2:			_(})[<u> </u>	2984 Feet from	North / South	Line of Section	
City: Newton State: Ks Zip: 67114 +					Feet from East / West Line of Section			
Contact Person: Bill Hanson				Footages Calculated from Nearest Outside Section Corner:				
Phone: (316_) _841-0022					NE NW SE SW			
Type of Well: (Check one) 📝 Oil Well 🔲 Gas Well 🔲 OG 🔲 D&A 🔛 Cathodic				County: Marion				
Water Supply Well Other: SWD Permit #:				Lease Name: Speir Well #: 4				
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 11-2-85 The plugging proposal was approved on: 12-30-10 (Date)				
Is ACO-1 filed? ✓ Yes	_	l log attached? Yes] No	The pluggi	C 1/1 I -		(Date)	
Producing Formation(s): List A	•	•		_{by:} Jeff		(KCC District	: Agent's Name)	
Mississippi Depth to Top: 2367 Bottom: 2377 T.D Depth to Top: Bottom: T.D				Plugging Commenced: 12-30-10				
Depth to Top: Bottom: T.D				Plugging Completed: 12-30-10				
: Dopur	, iop.					•		
Show depth and thickness of	all water, oil and gas form	ations.						
				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Minainainai	-1164		0.5/0"		2071	0		
Mississippi	oil/water	surface	8 5/8"	.	207'	0		
		casing	4 1/2"		2407'	1000'		
							·	
Ran tubing to 2367 pulled tubing, tage from 290' to surface	7' pumped 50 sa d cement with w	cks class A 3% cc, ire line at 2110'. Sl	3/4 lb	per sa	ck poly, displ			
						• .		
and the second s						······································		
Plugging Contractor License #: 5870 Name				Phillips Well Service Inc.				
Address 1: P.O. Box12	63		Address :	2:				
City: _ELDorado				State: Ks	.	zip: 67042	.+	
Phone: (316) 321-6650								
Name of Party Responsible fo	•	ore & Producers Inc				•	•	
				-				
State of Kansas . County, Harvey								
William MC	N SON (Print Name)	Service .		. 🔽 Emp	oloyee of Operator or	Operator on above-o	lescribed well,	
being first duly sworn on oath, the same are true and correct,	•						is as filed, and	
Signature:	1:0000	•	,			DEOF	-11	

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

KECEIVED

JAN 13 2011

KCC WICHITA