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 #: 3104				API No. 15 - 059-20567 00 00			
Name: Cherokee Oil Co.				Spot Description: SE SW=NE-SE-NW			
Address 1: 4440 Pawnee Rd.				Sec. 29 Twp. 16 S. R. 21 East West			
Address 2:				1920 3381 Feet from North V South Line of Section			
City: Wellsville State: KS Zip: 66092 + State				2180 2959 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
Phone: (785_) 883-2421				NE NW SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County: Franklin			
Water Supply Well Other: SWD Permit #:				Lease Name: Stevenson Well #: 6			
ENHR Permit #: Gas Storage Permit #:				- Date Well Completed: Oct. 1978			
Is ACO-1 filed? Yes No If not, is well log attached? Yes				The plugging proposal was approved on: 9/7/10 (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by: Duane Sims (KCC District Agent's Name)			
Squirrel Depth to Top: 576 Bottom: 584 T.D. 662				Flugging Commenced			
Depth to Top: Bottom: T.D.				Plugging Completed: 9/8/10			
Depth to Top: Bottom: T.D							
Show depth and thickness of	f all water, oil and gas	formations.					
Oil, Gas or Water Records			Casing I	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Squirrel	Oil	Surface	7"	· · · · · · · · · · · · · · · · · · ·	40'		
		Prod.	4 1/2	) <sup>11</sup>	657'		
				ì		,	
cement or other plugs were	used, state the charac	plugged, indicating where the mater of same depth placed from (If	oottom), to (	top) for eac	ch plug set.	and fill with dirt.	
						4	
Plugging Contractor License #: 6084				MCML	<u>ıllın well servic</u>	<u>'e</u>	
Address 1: 4397 K-68			Address	2:			
City: _Wellsville				State: K	S	zip: 66092 +	
Phone: (785 ) 883-4	4343			· · · · · · · · · · · · · · · · · · ·			
Name of Party Responsible	for Plugging Fees: _N	Mark Rader		r ·			
State of KS County, Franklin				, SS.			
Mark Rader (Print Name)				_	mployee of Operator or	Operator on above-described well,	
being first duly sworn on oat	***	*	, and matte	rs herein co	ontained, and the log o	f the above-described well is as filed, and	
the same are true and correct, so help me God.					,		
Signature:						RECEIVED	