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 #: 31786				API No. 15 - 113-21286-00-00			
Name: OCFIW				Spot Description: NW SW NW			
Address 1: P.O. Box 756				Sec. 5 Twp. 21 S. R. 5 East West			
Address 2: State: NE Zip: 68739 +				3,622 Feet from North / 📈 South Line of Section			
Contact Person: Rob Howell							
Phone: (402) 254-6585				Footages Calculated from Nearest Outside Section Corner: NE NW SE SW			
Type of Well: (Check one) ✓ Oil Well Gas Well OG D&A Cathodic				County: McPherson			
Water Supply Well Other: SWD Permit #:				Lease Name: Ilene Peterson Well #: 6			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						oved on:(Date)	
Producing Formation(s): List All (If needed attach another sheet)				by: Virgil Clothier (KCC District Agent's Name)			
Depth to Top:				Plugging Commenced: _10-15-10			
Depth to Top: Bottom: T.D				Plugging Completed: 10-19-10			
Depth to Top: Bottom: T.D							
Show depth and thickness of a	·	tions.					
Oil, Gas or Water Records Casing			Casing Re	Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		,	10-3/4	•	222'	None	
, , , , , ,	# 1	, •	7"	s 4,0	3430'	2020'	
And the control of th							
					*	e	
	er er en er proposition						
Plugged off bottom v	ed, state the character of s with sand to 3300' cement, pulled up	and 7 sacks ceme to 450', pumped 50	ttom), to (to nt. Cut	p) for each casing	plug set. loose @2020',	pulled up to 800' 25' and circulated 225	
Plugging Contractor License #: 31529 Name: Mil					Mike's Testing & Salvage, Inc.		
Address 1: P.O. Box 467 Address 2:							
City: Chase	-			State: Kar	isas.	zip: 67524 + 0467	
Phone: (620) 938-294	13	-	·		•		
Name of Party Responsible for	Plugging Fees: OCFI	N Oil Co., Inc.				The second secon	
State of Kansas	County, F	Rice	***************************************	, SS.	•	e	
Mike Kelso	(Print Name)	<u> </u>		Empl	oyee of Operator or	Operator on above-described well,	
		e of the facts statements, ar	nd matters I	herein conta	ained, and the log of th	ne above-described well is as filed, and	
the same are true and correct,		•			•		
Signature: 77	1 1/4	La				RECEIVED	