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 #: 948  Name: Transbacific Oil Crop.	WELL PLUGG K.A.R. 8		ECOR	<b>ID</b>	All blanks must be Filled	
OPERATOR: License #: 9488		1 4	API No. 15	_ 007-22145-	0000	
Name: Transbacific Oil Crop.				ription:		
Address 1: 100 S Main, Suite 200			NE - SE - NW - Sec. 11 Twp. 34 S. R. 12 East ✓ West 1.650 Feet from ✓ North / South Line of Section			
Address 2:						
			2,310 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
						Phone: (316_) 262-3596
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:			-	Barber		
ENHR Permit #: Gas Storage Permit #:				Lease Name: Farney Well #: 1-11		
Is ACO-1 filed? ✓ Yes No If not, is well			Date Well (	Completed:	oved on: 3/22/2011 (Date)	
Producing Formation(s): List All (If needed attach another			nv: Ste	ve Pfeifer	(KCC District Agent's Name)	
Depth to Top: <u>4715</u> Bottom: <u>4718</u> T.D. <u>5120</u>				Plugging Commenced: 3/23/2011		
Depth to Top: Bottom: T.D			Plugging Completed: 3/28/2011			
Depth to Top: Botto	m:T.D		555			
Show depth and thickness of all water, oil and gas forma	ations.	. <u>.</u>				
Oil, Gas or Water Records		Casing Red	Casing Record (Surface, Conductor & Production)			
Formation Content	Casing	Size		Setting Depth	Pulled Out	
	Surface	8 5/8		307	None	
	Production	4 1/2		4923	2200	
Describe in detail the manner in which the well is plugg cement or other plugs were used, state the character of Set CIBP at 4660', spot 2sx cemer 600', pump 10sx gel, 50sx 60/40 P surface.	same depth placed from (both it on bridge plug wi	tom), to (top ith dum	o) for each p baile	plug set. er, lay down ca	asing, run tubing to	
Plugging Contractor License #: 5105			. Clarke Corporation			
Address 1: 107 W. Fowler		Address 2:	<u>P.O.</u>	Box 187		
City: _Medicine_Lodge			State: <u>KS</u>	S	zip: <u>67124</u> +	
Phone: (620 ) 886-5665						
Name of Party Responsible for Plugging Fees: <u>Tran</u> :	sPacific Oil Corporat	ion			<del></del>	
clate of Kansas County, Barber			, SS.			
Mark Morgenstern (Print Name)			Employee of Operator or Operator on above-described well,			
being first duly sworn on oath, says: That I have knowled	dge of the facts statements, ar	nd matters h	nerein con	tained, and the log of	the above-described well is as filed, and	
the same are true and correct, so help me God.	+				•	
Signature: Mark 7 Nugers	للاب				RECEIVED	

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

APR 0 6 2011

KCC WICHITA