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 #: 33406			API No. 15 - 009-04310-00-00			
Name: Garner, Thomas			Spot Description:			
Address 1: 305 E. 7th			SESE			
Address 2:			Feet from North / South Line of Section			
City;         St. John         State:         KS Zip:         67576 + 1652           Contact Person:         Tom Garner						
			Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW			
Phone: (620_) 549-6618						
Type of Well: (Check one) Oil Well Gas Well GO D&A Cathodic			County: Barton			
Water Supply Well Other: SWD Permit #:			Lease Name: Karst Well #: 2			
LIS ACO-1 filed? Yes ✓ No If not, is well log attached? Yes No			Date Well	Completed: 1954	`	
			The plugging proposal was approved on:(Date)			
Producing Formation(s): List All (If needed attach another sheet)			by: Case Morris (KCC District Agent's Name)			
Depth to Top: Bottom: T.D			Pluaging Commenced: 10/10/10			
Depth to Top: Bottom: T.D			Prugging Completed: 10/10/10			
Depth to Top: Bottoo	m:T.D					
Show depth and thickness of all water, oil and gas forma	itions.					
Oil, Gas or Water Records		Record (Surface, Conductor & Production)				
Formation Content	Casing	Size		Setting Depth	Pulled Out	
	Surface	8.625		754'	450 Sacks Cement	
	Production	5.5		3304"	125 Sacks Cement	
Describe in detail the manner in which the well is plugged cement or other plugs were used, state the character of Sand at 3250', bailed 5 sacks cement pumped 125 sacks cement & 300# pumped 50 sacks cement. Pulled to	same depth placed from (both ent on sand. Rippe hulls. Pulled to 75	om), to (t ed cas 50' & p	op) for each sing at 1 oumped	780'. Pulled 50 sacks cer	casing up to 1500' & nent. Pulled to 450' &	
					RECEIVED	
					MAR 1 8 2011  CC WICHITA	
Plugging Contractor License #: 31925		Name: _	Quality	Well Service, I	nc.	
Address 1:190 US Hwy 56		Address	2:		VICHIA	
City: Ellinwood			State: KS		zip: <u>67526</u> +	
Phone: (620 ) 727-3410						
Name of Party Responsible for Plugging Fees: <u>Garne</u>	er, Thomas					
State of Kan Sa S County,	Bartan		_ , SS.			
State of Kansas County, Bartan Thomas Garner (Print Name)			Employee of Operator or Operator on above-described well,			
being first duly sworn on oath, says: That I have knowled the same are true and correct, so help me God.	ge of the facts statements, an	d matters	s herein cont	ained, and the log of	the above-described well is as filed, and	