Notice: Fill out COMPLETELY and return to Conservation Div the address below within 60 days from plugging date.	rision at	CANSAS CORPORAT OIL & GAS CONSEI	RVATION DIVISION	SION NOT	Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled	
M-MA	ILED DEC 17 ZON	WELL PLUGGI	2-3-117			
OPERATOR: License #: 33		API No. 15	API No. 19 - 121-20078-00-01			
Name:C D OIL, In			Spot Description:			
Address 1: 3236 Virginia Rd				SE NW NW NW Sec. 1 Twp. 16 S. R. 21 ✓ East West		
Address 2:		4,739	4,739 Feet from North / South Line of Section			
City: Wellsville	Zip: <u>66092</u> +	4,924	4,924 Feet from East / West Line of Section			
Contact Person: _Carl_(CI			Calculated from Neare	st Outside Section Corner:		
Phone: (913) 963-912			NE NW V	SE Sw		
Type of Well: (Check one)		County	County: Miami			
Water Supply Well O	SWD Permit #:		Lease Name: Mosher Well #: 1-OW			
✓ ENHR Permit #: 2520	rage Permit#:	Date Well	Date Well Completed: 1969			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: 12/2/10 (Date)		
Producing Formation(s): List All (If needed attach another sheet) by: Steve Korf						
Squirrel Depth to	m: 668 T.D. 708	Plugaina (Plugging Commenced: 12/3/10			
Depth to	m: T.D	Plugging Completed: 12/3/10				
Depth to	Top: Botton	m: T.D		•		
Show depth and thickness of a	all water, oil and gas forma					
Oil, Gas or Water	Records		,	ace, Conductor & Produc		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
squirrel 661-668	oil	surface	8"	20'	0	
			4 1/2"	708'	0	
		production	4 1/2	1,00		
cement or other plugs were us	at 700'. Pumper ement. Pulled 1'	same depth placed from (bot d a 50/50 poz mix out of hole. Hook e and pressured u	tom), to (top) for each cement with (ted pump true to 800 pour	o plug set. 5% gel through ck to casing ar	n 1" and filled to surface nd pressured 5	
		1	ndes	_ /		
		CNA	ngel Th	,9	JAN 03 2011 1 - 3 - 11	
		_	7/ 1/	• •	1 - 5 - (1	
Plugging Contractor License #	. 33961		Name Conso	lidated Oil Well	Services KCC WICHITA	
City: _Chanute			State: _K	s	z _{ip:} _66720+	
Phone: (620) 431-92	210	<u></u>				
Name of Party Responsible fo						
State of Kansas	Franklin	, ss.				
Carl C. Hughes (Print Name)				Employee of Operator or Operator on above-described well,		
being first duly sworn on oath, the same are true and correct	, so help me God.				the above-described well is as filed, and	
Signature:	C. 7 Jul	nservation Division, 130 S.		78 Wichita Kansas		
	maii to: KCC - Con	เชอเขสนอก มเขเรเดท, 130 5.	. wai kat • Room 20	. u, Tricilla, Nalisas	01 AVE	