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 #:30525	OPERATOR: License #: 30525				API No. 15 - 159-06543-00-00			
Name:D.S. Langston				Spot Description: NW S/2 NE				
Address 1: 310 W, Central Suite 202				W2 SW NE Sec. 31 Twp. 18 S. R. 10 East V West				
Address 2.				3960 3310 Feet from North / South Line of Section 2310 2636 Feet from East / West Line of Section				
Contact Person: Dave Langston				Footages Calculated from Nearest Outside Section Corner:				
Phone: (620) 786-0874				□ NE □ NW □ SE □ SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County: _Rice				
Water Supply Well Other: SWD Permit #:				Lease Na	me: Buehler	Well #: _1		
ENHR Permit #: Gas Storage Permit #:						77011 Tr		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						proved on:(Date)		
Producing Formation(s): List All (If needed attach another sheet)					by: Virgil Clothier (KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced: 12-9-10 Plugging Completed: 12-9-10				
Depth to Top: Bottom: T.D								
Depth to Top: Bottom: T.D								
Show depth and thickness of all water, oil	and are forms	tions						
					Record (Surface, Conductor & Production)			
Formation Content		Casing	Size		Setting Depth Putled Out			
			CIEC		Setung Deptil	Fulled Odt		
			8-5/8'		275'	None		
			5-1/2	Ī	3260'	None		
		•						
Plugged off bottom with sand 325'. Ran tubing to 1 35 sacks cement, pulled sacks cement. Tied onto	and to 270 250', pum up to 325	same depth placed from (bo 00' and 5 sacks co nped 10 sacks gel o', and circulated 1	ement and 3	lop) for each , Log Te .5 sacks cks cen	oplug set. ech perforated s cement, pull nent to surfac	d casing @1250' , 900' ed up to 900', pumped e. topped off with 20		
Plugging Contractor License #: 31529 Address 1: P.O. Box 467			Name: _		Testing & Salva	RECEIVED age, Inc. DEC 1 4 2010 KCC WICHTA		
			Address	2:		- NCC WICH		
City: Chase				State: Ka	nsas	z _{ip:} 67524 + 64674		
Phone: (620) 938-2943	-					·		
Name of Party Responsible for Plugging F	ees: _ D.S _L	angston						
Rice County, Rice				_ , SS .				
Mike Kelso (Print Name)				Employee of Operator or Operator on above-described well.				
being first duly sworn on oath, says: That I the same are true and correct, so help me	God.		nd matters	herein con	tained, and the log of	the above-described well is as filed, and		