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 #: 5039				API No. 15 - 191-22411-00-00			
Name: AGV Corp.				Spot Description: SE_SW_Sec. 13_Twp. 32_S. R. 4East ✓ West T60Feet fromNorth / ✓ South Line of Section			
Address 1: PO Box 377							
Address 2:							
City: Attica State: KS Zip: 67009_ +							
Contact Person: Kent Roberts							
Phone: (316_) 215-1683							
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathod				County: _Sumner			
Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes				Date Well Completed: 9/1/2003			
White Cloud         Depth to Top:         2059         Bottom:         2063         T.D.         2410				Plugging Commenced: 12/9/10 Plugging Completed: 12/9/10			
		<del></del>					
Show depth and thickness of	all water, oil and gas for	mations.					
Oli, Gas or Water Records Casin				Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Surface	Water	Surface	8-5/8	3	252'	None	
		Production	5.4/0		2077!	1010	
		Froduction	5-1/2	<u> </u>	3077'	1016	
			<u> </u>				
						ì	
CIBP @ 2040' w/ 2 Shot casing @ 1256 Shot casing @ 1016 1st plug @ 850' w/ 3 Circulated from 330 Total 175 sacks 60/	sacks cement o D', no recovery, B' and pulled. B5 sacks cemen I to surface w/ 1 40 poz 4% gel	n top. Shot casing @ 1136 t 00 sacks and toppe	0', no re	covery 40 sack	s	e II.C	
Plugging Contractor License #: 34227			Name: .	Amero	an wen servic	6, 110	
Address 1: PO Box 464				s 2:	<del></del>		
City: Pratt				State: KS zip: 67.124 +			
Phone: (620_) 770-00	621			_			
Name of Party Responsible for	r Plugging Fees: _AG	V Corp.					
State of Kansas	County	, Sedgwick		, \$S.			
Kent Roberts (Print Name)				Employee of Operator or Operator on above-described well,			
					stained, and the loc of	f the above-described well is as filed, and	
the same are true and correct		go or the lacts statements	, and mall	а потент <b>С</b> ОГ	manieu, anu me log 0	i uio above-described well is as filed, and	
	Of I					_	
Signature:		V—————————————————————————————————————					