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 #: 30076				API No. 15 - 065-23682-00-00				
Name: A.& A PRODUCTION				Spot Description:				
Address 1: <u>PO BOX 100</u>				NW SE NW NE Sec. 2 Twp. 8 S. R. 24 East West				
Address 2:				6so 664 Feet from North / South Line of Section				
City: HILL CITY State: KS Zip: 67642 +				Feet from Fast / West Line of Section				
Contact Person: ANDY ANDERSON					Footages Calculated from Nearest Outside Section Corner:			
Phone: (785_) 421-6266				NE NW SE SW				
Water Supply Well Other: SWD Permit #:				County: GRAHAM				
				Lease Name: ANDERSON Well #: 32				
		ll log attached?		Date Well	Completed:10-13	3-10 oved on: <u>10-12-10</u>	(Date)	
Producing Formation(s): List	— All (If needed attach anothe	er sheet)	_			(KCC Dist		
Depth to Top: Bottom: T.D				Plugging Commenced: 10-12-10				
Depth to Top: Bottom: T.D				Plugging Completed: 10-13-10				
Depth to Top: Bottom: T.D				33.3				
Show don'th and thickness of								
Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing P					Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		OUDEA OF	2 2 10					
		SURFACE	8 5/8		260	0		
	<u> </u>			<u> </u>				
		İ						
cement or other plugs were us	sed, state the character of FEET ; 100 SA	ged, indicating where the mud If same depth placed from (bot ACKS @ 1060 FEE	tom), to (i	op) for each	plug set.	_		
						RE	CEIVED	
						NOV	2 2 2010	
Plugging Contractor License #: 33074			Name: _	A & A [DISCOVERY LI			
Address 1: 784 S 4TH			Address	2:		KCC	WICHITA	
City: _HILL CITY				State: KS		Zip: <u>67642</u>	+	
Phone: (785) 421-27							St	
Name of Party Responsible for	r Plugging Fees: <u>A & /</u>	A PRODUCTION						
State of KANSAS	County,	GRAHAM	_	_ , \$8.				
ANDY ANDERSON (Print Name)				Emp	oloyee of Operator or	Operator on abov	e-described well,	
being first duly sworn on oath, the same are true and correct	, so help me God.						ell is as filed, and	
Signature:	Chrolis	n						