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

Type or Print on this Form Form must be Signed

All blanks must be Filled K.A.R. 82-3-117 API No. 15 - 003 - 22686 - 00 - 00 OPERATOR: License #: 33097 Name: Southern Star Central GAS Pipeline Snot Description: ___ W SE NE Sec. 22 Twp. 22 S. R. 19 WEast West Address 1: 4700 Huy 56 P.D. Box 20010 3256' Feet from North / South Line of Section State: KY Zip: 4230/ +____ City: Quensboro 10 46 Feet from East / West Line of Section Contact Person: Mark Rouse Footages Calculated from Nearest Outside Section Corner: Phone: (270) 852-4496 NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: Anderson Lease Name: EAST Cooper Well #: 65-01d #21 Water Supply Well Other: SWD Permit #:____ ENHR Permit #: Date Well Completed: Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: __ Producing Formation(s): List All (If needed attach another sheet) ____ (KCC District Agent's Name) Squicre | Depth to Top: 850' Bottom: 856' T.D. 864' Plugging Commenced: 10-21-10 _ Depth to Top: _____ Plugging Completed: 10-21-10 Depth to Top: _ Show depth and thickness of all water, oil and gas formations. Casing Record (Surface, Conductor & Production) Oil. Gas or Water Records Setting Depth Pulled Out Casing Formation Content Surface Sovirce Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Kig up to 1" pipe - washed down and circulated well clean. Mixed cement until good cement returned. Pulled 1"pipe, Filled tobing with cement and squeezed cement into formation at 1500 psi, and Shutting in at 1500 psi. 39 sacks of cement used for polygging well. Name: Hurricane Services, Inc. Plugging Contractor License #: 34059 Address 1: P.O. Box 782228 City: Wichita Phone: (316) 685-5908 Name of Party Responsible for Plugging Fees: Southern Star _____ County, Davis , ss. Sterling Barker Lemployee of Operator or Operator on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

NOV 2 4 2010

RECEIVED

KCC WICHITA