

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 #: 33977
Name: EK ENERGY LLC
Address 1: P.O. BOX 267
Address 2: _____
City: COLONY State: KS Zip: 66015 + _____
Contact Person: DAVID KIMZEY
Phone: (620) 496-6257
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: E19600 Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
BARTELVILLE Depth to Top: 890 Bottom: 910 T.D. 977
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-001-2X599 00.00
Spot Description: NW 1/4
SW NENW Sec. 31 Twp. 23 S. R. 19 East West
4,420 ✓ Feet from North / South Line of Section
3,740 ✓ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ALLEN
Lease Name: EASTWOOD Well #: 25-A
Date Well Completed: 1980
The plugging proposal was approved on: _____ (Date)
by: CLAYTON TITTEL (KCC District Agent's Name)
Plugging Commenced: 12/22/2009
Plugging Completed: 12/22/2009

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		SURFACE	7"	20'	
		PRODUCTION	2 3/8	977	

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.

RAN 1" PIPE INWELL WASHED CLEAN, CIRCULATED CEMENT TO SURFACE, PULLED PIPE AND FILLED DISPLACEMENT. 16 SX

Plugging Contractor License #: 31519 Name: LONE JACK OIL
Address 1: 509 E WALNUT Address 2: _____
City: BLUEMOUND State: KS Zip: 66010 + _____
Phone: (_____) _____
Name of Party Responsible for Plugging Fees: DAVID KIMZEY
State of KS County, ALLEN, ss.
DAVID KIMZEY Employee of Operator or Operator on above-described well,
(Print Name)

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.

Signature: David Kimzey

RECEIVED

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

JUL 12 2011

KCC WICHITA