Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Signature: \_

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## WELL PLUGGING RECORD

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:3	842	N.A.N. 0	AI	Pl No. 15	_ 171-20749-00-	00		
Name: Larson Engineering, Inc.				Spot Description:				
Address 1: 562 West State Road 4								
Address 2:				2,070 Feet from North / South Line of Section				
City: Olmitz	State: KS	zip: <u>67564 + 8 5</u>				East / West		
Contact Person: Thomas	Larson					est Outside Section Corn		
Phone: (620 ) 653-7368	3				NE NW	SE Sw		
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG 📝 D&A ☐ Cathod				County: Scott				
Water Supply Well Other: SWD Permit #:				Lease Name: York Well #: 1-2				
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:				
Is ACO-1 filed?  Yes  No If not, is well log attached?  Yes				No The plugging proposal was approved on: 3/9/2010 (Date,				
Producing Formation(s): List All (If needed attach another sheet)				by: Jack Maclaskey (KCC District Agent's Name,				
Depth to Top; Bottom: T.D				Plugging Commenced: 3/11/2010				
		m: T.D	<sub>Pt</sub>	Plugging Completed: 3/11/2010				
Depth to	Top: Botto	m:T.D		- 00 - 0				
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Pro-			·		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		surface	8-6	5/8"	256'	none		
			-					
	-							
Describe in detail the manner cement or other plugs were us 50 sx @ 2290', 80 sx Plugged with 290 sx 6	sed, state the character of @ 1630', 40 sx @ 81	same depth placed from (bo 5', 50 sx @ 280', 20 sx (	ttom), to (top)	) for each	plug set.	RECE		
						JUN 2	5 2010	
Plugging Contractor License #	<u>.</u> 5822		Nama: V	/ai Ene:	rgy, Inc.	KCC W	ICHITA .	
			. 1441116					
Address 1: 200 W Dougla	as, Ste 520		Address 2: _					
City: Wichita				tate: KS	<u> </u>	Zip: <u>67202</u>	_ + <u>3005</u> _	
Phone: (316) 263-668	88	<u>.</u>						
Name of Party Responsible for	or Plugging Fees: <u>Larso</u>	on Engineering, Inc.						
State of KS	County,	Barton		SS.				
	Carol Larson		!	🚺 Em	ployee of Operator or	Operator on above	-described wel	
being first duly sworn on oath	(Print Name)	dge of the facts statements, a						
the same are true and correct	so help me Gdd.							
Signature:	arel the				Secretary/Tre	easurer		

