

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 #: 30237
Name: LaMOYNE JACKSON - JAKE'S OIL COMPANY
Address 1: 2820 U.S. HIGHWAY 24
Address 2: _____
City: HILL CITY State: KANSAS Zip: 67642 + _____
Contact Person: _____
Phone: (785) 216-0839
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ 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)
K.C. Depth to Top: 3616 Bottom: 18 1/2 T.D. _____
_____ Depth to Top: 3655 Bottom: 57 T.D. _____
_____ Depth to Top: 3700 Bottom: 04 T.D. _____
Marmaton- 3955 - 70

API No. 15 - 195-21266-00-00
Spot Description: _____
SW SE NE Sec. 24 Twp. 11 S. R. 23 East West
2995 2970 Feet from North / South Line of Section
873 990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: TREGO
Lease Name: WANKER Well #: 1
Date Well Completed: July/20 29/ 83
The plugging proposal was approved on: 1-11-2010 (Date)
by: Pat Stabb (KCC District Agent's Name)
Plugging Commenced: 2-2-10
Plugging Completed: 2-2-10

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
K.C.		Surface	8 5/8	248 ft.	
3616-18 1/2		Production	4 1/2	4100	
3655-57					
3700-04					

Marmaton 3955-70
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.

RECEIVED
MAR 05 2010
KCC WICHITA

Plugging Contractor License #: ALLIED CEMENTING Name: 99996
Address 1: P.O. BOX 31 Address 2: _____
City: RUSSELL State: KANSAS Zip: 67665 + _____
Phone: (785) 483-2627
Name of Party Responsible for Plugging Fees: _____

State of Kansas County, Trego, ss.
LaMoyn Jackson 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: LaMoyn Jackson
Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202