

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
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: LARSON ENGINEERING, INC.
Address: 562 WEST STATE ROAD 4 OLMITZ, KS 67564-8561
Phone: (620) 653-7368 Operator License #: 3842
Type of Well: D & A Docket #: _____
(Oil, Gas, D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) *(If SWD or ENHR)*
The plugging proposal was approved on: 12/8/2009 (Date)
by: LIN REIMER (KCC District Agent's Name)
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (if needed attach another sheet)

Depth to Top: _____ Bottom: _____ T.D. _____

Depth to Top: _____ Bottom: _____ T.D. _____

Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-101-22206-00-00
Lease Name: SUPPES
Well Number: 1-19
Spot Location (QQQQ): SE - NW - SE - SE
800 Feet from North / South Section Line
840 Feet from East / West Section Line
Sec. 19 Twp. 19 S. R. 29 East West
County: LANE
Date Well Completed: 12/20/2009
Plugging Commenced: 12/20/2009
Plugging Completed: 12/20/2009

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
		263'	SURF	8-5/8"	260'	NONE

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 are used, state the character of same, depth placed from (bottom), to (top) for each plug set.

PLUGGED W/ 300 SX 60-40 POZ W/ 4% GEL & 1/4#/SK FLOCELE AS FOLLOWS:

50 SX @ 2220' 50 SX @ 290' 20 SX IN MH
80 SX @ 1500' 20 SX @ 60'
50 SX @ 750' 30 SX IN RH

Name of Plugging Contractor: ALLIED CEMENTING CO., INC. License #: 99996

Address: P.O. BOX 31 RUSSELL, KS 67665

Name of Party Responsible for Plugging Fees: LARSON ENGINEERING, INC.

State of KANSAS County, BARTON, ss.

CAROL LARSON (Employee of Operator) or (Operator) of 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.

(Signature) Carol Larson SECRETARY/TREASURER

(Address) 562 WEST STATE ROAD 4 OLMITZ, KS 67564-8561

SUBSCRIBED and SWORN TO before me this 29TH day of MARCH, 2009

Debra J. Ludwig My Commission Expires: MAY 5, 2012
Notary Public

RECEIVED
MAR 31 2010
3-31-10
KCC WICHITA

DEBRA J. LUDWIG
Notary Public - State of Kansas
My Appt. Expires 5/5/2012