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

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

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:				API No. 15 - 179-21243-0000		
Name:IA_Operating, Inc.				Spot Description:		
Address 1: 9915 W. 21st Street, Ste B				W/2 -NW - SE NE Sec. 29 Twp. 8 S. R. 27 ☐ East West		
Address 2:				1,650 Feet from 🕢 North / 🗌 South Line of Section		
city: Wichita State: KS Zip: 67215 +						
Contact Person: _Robert D_Swann				Footages Calculated from Nearest Outside Section Corner:		
Phone: (316_) 721-0036				NE NW SE SW		
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☑ D&A ☐ Cathodic				County: Sheridan		
Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well tog attached? Yes No				Lease Name: <u>Jamison Family Trust</u> Well #: <u>29-1</u> Date Well Completed: <u>12/20/2009</u>		
Producing Formation(s): List All (If needed attach another sheet)				by: Marvin Mills (KCC District Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced: 12/20/2009 Plugging Completed: 12/20/2009		
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D						
Depth to	э гор: во	tiom: i.D				
Show depth and thickness of	all water oil and gas for	mations			 	
Oil, Gas or Water		<u> </u>	Casing	Record (Sun	face, Conductor & Produ	action)
Formation	Content	Casing	Size	<u> </u>	Setting Depth	Pulled Out
Surface			0 510	,wi	2241	
Suriace	-	· · · · · · · · · · · · · · · · · · ·	8 5/8	1	221'	zero
					· · · · · · · · · · · · · · · · · · ·	
10 sx @ 40' 40 sx @ 270' 100 sx @ 1400' 25 sx @ 2250' 30 sx @ Rat hole						RECEIVED KANSAS CORPORATION COMMISSION FEB 26 2010 CONSERVATION DIVISION
- -						WICHITA, KS
Plugging Contractor License #: 30606 Name:				Murfin Drilling Co., Inc.		
Address 1: 250 N Water, Ste 300						
Address 1: 250 N VVAT	er, Ste 300		Addres	s 2:		
City: _Wichita				State: _KS zip: _67202 +		
Phone: ()				**		
Name of Party Responsible fo	or Plugging Fees: <u>IA</u>	Operating, Inc.		···-·		
State of Kansas County, Sedgwick				, ss.		
Robert D. Swann (Print Name)				Employee of Operator or Operator on above-described well,		
						•
being first duly sworn on oath the same are true apdicorrect		rleage of the facts statements	, and matte	ers herein co	ntained, and the log of	the above-described well is as filed, and
		a	1			
Signature: Toul		and or				