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

OPERATOR: License #: 5030			00-00	
Name: Vess Oil Corporation	Spot Desc	Spot Description: NW SE SW		
Address 1: 1700 Waterfront Parkway, Suite 500			wp. <u>20</u> S. R. <u>12</u> East West	
Address 2:	ľ		North / V South Line of Section	
City: Wichita State: KS zip: 67206 + 6819			East / West Line of Section	
Contact Person: Casey Coates	_		est Outside Section Corner:	
Phone: (316 ) 628-1537		NE NW	SE SW	
Type of Well: (Check one)  Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:	•			
ENHR Permit #: Gas Storage Permit #:	Lease Nar	ne: _Dewerff	Well #: _3-1.9	
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	E .		roved on: (Date)	
Producing Formation(s): List All (If needed attach another sheet)			(KCC District Agent's Name)	
Depth to Top: Bottom: T.D			0	
Depth to Top: Bottom: T.D			0	
Show depth and thickness of all water, oil and gas formations.				
	g Record (Surfa	nce, Conductor & Produ	uction)	
Formation Content Casing Size	9	Setting Depth	Pulled Out	
8-5	/8"	301'	None	
4-1	/2"	3582'	None	
Describe in detail the manner in which the well is plugged, indicating where the mud fluid cament or other plugs were used, state the character of same depth placed from (bottom),  Ran in 2" tubing to 1580', perforated casing @1590', pu 675', perforated casing @681', pumped 225 sacks ceme Topped off with 25 sacks cement, 60/40 pos, 4% gel.	to (top) for each mped 45 nt and circ	sacks cement culated out of		_
			KCC WICH	HIT
Plugging Contractor License #: 31529 Name	. Mike's	Testing & Salva		
Address 1: P.O. Box 467 Address			, i	,
City: Chase			T.	
Phone: (620 ) 938-2943				
Name of Party Responsible for Plugging Fees: Vess Oil Corporation				
State of Kansas County, Rice	, SS.			
Mike Kelso (Print Name)	[ Em	oloyee of Operator or	Operator on above-described well,	
(Pmt Name) being first duly sworn on oath, says: That I have knowledge of the facts statements, and ma	tters herein con	tained, and the loc of	the above-described wall is as filed, and	
the same are true and correct, so help me God.			and about about their to do moo, and	