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

OPERATOR: License #: 8914

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 KA.R. 82-3-117

API No. 15 - 065-23649-00-00

Name: H&COil	Operating, Inc			Spot Desc	ription:		
Address 1: P.O. Box 86				S2 N2 NW NW Sec. 27 Twp. 6 S. R. 23 East West			
Address 2:							
City: Plainville State: Ks zip: 67663_+							
Contact Person: Charles R. Ramsay				Footages Calculated from Nearest Outside Section Corner:			
Phone: (785_) 434-7434				NE NW SE SW			
Type of Well: (Chock one) Oil Well Gas Well OG VD&A Cathodic							
Water Supply Well Other: SWD Permit #:				County: Graham Lease Name: Legere Well #: 27-1			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 6/25/2010			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The pluggi	Completed: <u>U/ZO/</u>	proved on: 6/25/2010 (Date)	
Producing Formation(s): List All (If needed attach another sheet)				by: District 4 office (KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced: 6/25/2010			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed: 6/25/2010			
Show depth and thickness of	all water, oil and gas form	ations.					
					Record (Surface, Conductor & Production)		
Formation Content		Casing Size		Setting Depth		Pulled Out	
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			 	- 			
	<u> </u>						
floseal per sack. 1:	st plug @ 2280' g @ 40' with 10	w/ 25 sacks, 2nd p sacks and 8 5/8" w	olug @	D 1266' v	w/ 100 sacks	w/ 4% gel and 1/4 # , 3rd plug @ 310' w/ 40 hole. Plug down at	
Plugging Contractor License #: 33493 Na				_{e:} American Eagle Drilling			
Address 1: Address							
City: Plainville.				_ State: _KS	5	zip: <u>67663</u> +	
Phone: ()				_			
Name of Party Responsible for	r Plugging Fees: <u>H &</u>	C Oil Operating, Inc.	•				
State of KANSAS	County,	ROOKS		, SS.			
Charles R. Ramsay (Print Name)				Employee of Operator or Operator on above-described well,			
						•	
- ·	•	dge of the facts statements, a	nd matte	rs herein con	tained, and the log o	of the above-described well is as filed, and	
the same are true and correct	()().	•					
Signature://W	w K Kmm	<u> </u>				REÇEIVED_	
	Mail to: KCC - Cor	nservation Division, 130 S.	Market	- Room 207	78, Wichita, Kansas	JUL 2 6 2010	