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Form CP-4  
March 2009

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

KCC WICHITA

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

OPERATOR: License #: 3273  
Name: Herman L. Loeb, LLC  
Address 1: P.O. Box 838  
Address 2: \_\_\_\_\_  
City: Lawrenceville State: IL Zip: 62439 + \_\_\_\_\_  
Contact Person: George Payne  
Phone: ( 812 ) 453-0385  
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)  
\_\_\_\_\_ Depth to Top: 4411 Bottom: 4427 T.D. 4453  
\_\_\_\_\_ Depth to Top: 3721 Bottom: 3731 T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 007-30040-00-00  
Spot Description: \_\_\_\_\_  
NW NW SW SW Sec. 9 Twp. 31 S. R. 11  East  West  
990 Feet from  North /  South Line of Section  
4,950 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Barber  
Lease Name: Axline Well #: 1  
Date Well Completed: \_\_\_\_\_  
The plugging proposal was approved on: 8/9/2010 (Date)  
by: Mike Maier (KCC District Agent's Name)  
Plugging Commenced: 8/11/2010  
Plugging Completed: 8/13/2010

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
		Surface	8 5/8	364	0
		Production	5 1/2	4451	1800

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.

Set CIBP at 4360, 2sx cement with dump bailer, set CIBP at 3671' 2sx cement with dump bailer, lay down 1800' 5 1/2 casing, run tubing to 1st 1050' 1st spot 12sx gel 50sx 60/40 poz 4%, 2nd 400' 50sx, 3rd 60' 20sx circulate to surface

Plugging Contractor License #: 5105 Name: Clarke Corporation  
Address 1: 107 W. Fowler Address 2: P.O. Box 187  
City: Medicine Lodge State: KS Zip: 7104 + \_\_\_\_\_  
Phone: ( 620 ) 886-5665

Name of Party Responsible for Plugging Fees: Herman L. Loeb, LLC  
State of Kansas County, Barber, ss.

Mark Morgenstern  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: Mark Morgenstern