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

RECEIVED

JUL 3 0 2010 March 2005
Type or Print on this Form
Form must be Signed
All blanks must be Filled Form CP-4

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

KCC WICHITA

OPERATOR: License #: 3842					API No. 15 - 101-22222-00-00			
Name: Larson Engineering, Inc. Address 1: 562 West State Road 4				Spot Description: <u>nw - sw- se</u> Sec. <u>35 Twp. 18 S. R. 29                                 </u>				
								Address 2:
City: Olmitz State: KS Zip: 67564 + 8 5 6								
Contact Person: Thomas Larson								
Phone: (620 ) 653-					☐ NE ☐ NW [	✓ SE SW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathod				County: Lane				
		_ SWD Permit #:		Lease Na	me: Splitte	ντ Well #: 2-35		
ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed?   Yes No If not, is well log attached?   Yes □ Y				Date Well Completed:				
			L No			roved on: 4/14/2010 (Da		
Producing Formation(s): List All (If needed attach another sheet)				by: Steve Durrant (KCC District Agent's Name)				
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Commenced: 4/10/2010				
Depth to Top: Bottom: T.D				i Plugging Completed: 4/13/2010				
0	эрино юр	bottom n.b		1				
Show depth and thickne	ss of all water, oil and gas	formations.					_	
				ng Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	<u> </u>	Setting Depth	Pulled Out		
					2051		ヿ	
		<u>surface</u>	·	8-5/8"	265'	none	$\dashv$	
							_	
							卞	
50 sx @ 2170', 8	80 sx @ 1320', 50 sx (	cter of same depth placed from @ 740', 50 sx @ 300', 20 gel & 1/4#/sk flocele.						
Plugging Contractor License #: 33935  Address 1: 2152 Hwy 96					iling, LLC		<del></del>	
City: Rush Center				_ State: K	8	z <sub>ip</sub> : <u>67575</u> +	-—	
Phone: (785 ) 37	2-5419			-				
Name of Party Respons	sible for Plugging Fees: _	arson Engineering, Inc.					—	
State of	_KS co	unty, Barton_		, ss.				
	Carol Lar	son		☑ En	nnlovee of Operator or	Operator on above-described w	vell.	
	(Print N	ame)						
= '		nowledge of the facts statemen	nts, and matt	ers herein co	intained, and the log o	f the above-described well is as filed,	and	
the same are true and c	correct, so help me God.	( ) . ) &	_		_			
Signature:		Carri / aros			Secretary/Tre	easurer		