

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

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

OPERATOR: License #: 33813
Name: JASON OIL CO.
Address 1: P.O. BOX 701
Address 2: _____
City: RUSSELL State: KS Zip: 67665 +
Contact Person: JAMES SCHOENBERGER
Phone: (785) 483-4204
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)
N/A Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 167-21123-00-00
Spot Description: _____
W/2 SW SE NW Sec. 29 Twp. 14 S. R. 12 East West
2970 2970 Feet from North / South Line of Section
3860 3805 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: RUSSELL
Lease Name: EHRlich Well #: 4
Date Well Completed: 12-12-1977
The plugging proposal was approved on: 5-6-2010 (Date)
by: HAYS (KCC District Agent's Name)
Plugging Commenced: 5-7-2010
Plugging Completed: 5-7-2010

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
			<u>8 3/4</u>	<u>230</u>	
			<u>4 1/2</u>	<u>3050</u>	

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.

RAN TUBING TO 2860 SPOT 100 SKS 200#HULLS PULLED TO 1400 SPOT 80 SKS PULLED TO 400 CIR. W/C 40 SKS TIED ON TO 4 1/2 MIXED 25 SKS PRESSERED TO 750PSI TIED ON TO 8/58 PRESSERED TO 750PSI

RECEIVED
MAY 21 2010
KCC WICHITA

Plugging Contractor License #: 32528 Name: DAVID FUNK
Address 1: 331 N BROOKS Address 2: _____
City: RUSSELL State: KS Zip: 67665 +
Phone: (785) 324-1041
Name of Party Responsible for Plugging Fees: JASON OIL CO

State of _____ County, _____, ss.
James L Schoenberger 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: James L Schoenberger

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202