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

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

OPERATOR: License #:	32960		l API	No. 15 - /25-01	1459-00-01	ICCC	
Name: Yukon Properties LLC				t Description:			
Address 1: 8419 Flo	rence Ave.			NE NW Sudgec. 20	Twp. 34 S. R. 15 VEas	t West	
Address 2: Suite D				Feet from North / 📝 South Line of Section			
city: Downey	State:	CA zip: 90240_ + _	_4,	,170 Feet fro	m 🕢 East / 🔲 West Line	of Section	
Contact Person: _Tom_Bruce				Footages Calculated from Nearest Outside Section Corner:			
Phone: (620_) _330-3				NE NW	✓ SE Sw		
Type of Well: (Chock one) Oli Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: E/O448.13 Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No				County: Montgomery			
				se Name: S. McCon	nell well#: W22		
				Date Well Completed:			
Producing Formation(s): Lis		-	The			(Date)	
Wayside SS Depth to Top: 470 Bottom: 480 T.D. 505?				by:(KCC District Agent's Name) Pluggling Commenced: 4-14-10			
Depth to Top: Bottom: T.D				Plugging Commenced: 4-15-10			
Depth	to Top: 6	Bottom:T.D	P1U(gging Completed:	<u> </u>		
							
Show depth and thickness of	of all water, oil and gas t	formations.					
				ing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		Surf.	7.0	52'			
	Ì	arad.	2 1/2	" 489'		1	
				.			
Ran pipe to 500' on the 15th joint	used, state the charact and mixed 10 s out of the hole	er of same depth placed from sx portland and pu decided to let cerr	n (bottom), to (top) fo imped it dow nent set over	or each plug set. In the hole pulled night and finish i	thods used in introducing it into the pipe and found cerring in am. 4-15-10 ran pipe no fall back. RECE!	nent pe in	
					5-1-	J-10	
	22240		0-		KCC WI	CHITA	
Plugging Contractor Licens	e#: 32219		Name: Pr	oduction Maintena	ance Service		
Address 1: PO Box 2	75		Address 2:				
City: Tyro			Stat	te:_KS	z _{ip:} <u>67364</u> +		
Phone: (620) 988-	0042			•			
Name of Party Responsible	for Plugging Fees: <u>Y</u>	ukon Properties LLC	C (Doyle E Bil	ler)			
State of Kansas	Сои	_{inty,} Montgomery	, , ss	3.			
- Jom	Bruce	nol .		Employee of Operator	or Operator on above-descr	ribed well,	
being first duly sworn on oa	th, says: That I have kn	ne) owledge of the facts stateme:	nte and matters her		of the above-described well is as		
the same are true and corn			ille, and medera her	ein contained, and the iod		filed, and	
	ect, so help me God.	-	no, and made of her	ein contained, and the log	y of the 20070-2000 men is as	s filed, and	
Signature: 5500	ect, so help me God.		no, and made of the	ein contained, and the log	y 01 110 25040-203011504 Well 13 23	i filed, and	