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 #: 310000 API No. 15 - 151-21455 00.00 Name: Prater Oil & Gas Operations Spot Description: ______ SW SW SW Sec. 14 Twp. 29 S. R. 13 East West Address 1: ___1303 N. Main 339 337 Feet from North / South Line of Section Address 2: City: Pratt State: KS Zip: 67124 + ____ 950 5006 Feet from 📝 East / 🗌 West Line of Section Contact Person: Ron Prater Footages Calculated from Nearest Outside Section Corner: Phone: (620_) _770-2232 ☐ NE ☐ NW 🗸 SE ☐ SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: Pratt | Water Supply Well | Other: | SWD Permit #: Lease Name: Mason _____ Well #: A-3 ENHR Permit #: ____ Gas Storage Permit #: __ Date Well Completed: 8/1/1994 Is ACO-1 filed?

Yes No If not, is well log attached? Yes No The plugging proposal was approved on: 5/26/2011 Producing Formation(s): List All (If needed attach another sheet) by: Jerry Stapleton (KCC District Agent's Name) Depth to Top: 4610 Bottom: 4611 T.D. 4784 Plugging Commenced: 5/27/2011 Bottom: _____ T.D. ____ _ Depth to Top: _____ Plugging Completed: \$\(\mathbf{g}\)/31/2011 _____ Depth to Top: _____ Bottom: _____T.D. ____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Formation Content Casing Setting Depth Pulled Out Surface 8 5/8 817 None 4.1/2 4785 Production 2200 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 4560', spot 2sx cement on bridge plug with dump bailer, lay down casing, run tubing to 840', 1st, pump 12sx gel, 200 hulls, 50sx 60/40 POZ 4% gel cement, 2nd 350', 40sx 60/40 POZ, 3rd 60', circulate 20sx cement to surface RECEIVED JUN 1 0 2011 Plugging Contractor License #: 5105 Name: Clarke Corporation Address 1: P.O. Box 187 Address 2: 107 W. Fowler City: _Medicine Lodge ______ State: _KS ______ zip: 67104 __+___ Phone: (620) 886-5665

Employee of Operator or Operator on above-described well, 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

Name of Party Responsible for Plugging Fees: Prater Oil & Gas Operations

_____ County, Barber

State of Kansas

Mark Morgenstern

the same are true and correct, so help me God.