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

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

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

OPERATOR: License #: 3273		1		. 007-01218		
Name: Herman L. Loeb, LLC			Spot Description: SW-NW-SW			
Address 1: P.O. Box 838			SW NW	Sec. 15 T	wp. <u>33</u> S. R. <u>11</u> East V V	Vest
Address 2:					North (South Line of Sec	
City: Lawrenceville State: IL Zip: 62439 + Contact Person: George Payne			Footages Calculated from Nearest Outside Section Corner:			tion
Phone: (812) 853-3813	i	NE NW ✓ SE SW				
Type of Well: (Check one)			County: Barber Lease Name: Page			
						
Producing Formation(s): List All (If needed attach another sheet)			Plugging Commenced: 122 1/2009 Plugging Completed: 01/05/2010			
Show depth and thickness of all water, oil and gas t	formations.					
Oil, Gas or Water Records	Casing I	sing Record (Surface, Conductor & Production)				
Formation Content	Casing	Size		Setting Depth	Pulled Out	
	Surface	8 5/8		228	None	
	Carrace					_
	Production	5 1/2		4545	3000	
						_
,						
Pescribe in detail the manner in which the well is percent or other plugs were used, state the character Run tubing in to 4425', spot 75 state 12/21 - run in with dump bailer, pump 10 sacks gel, 50 sacks 60 1/6/2010 - Measure in 135', san	er of same depth placed from sacks class a 2% c tag up at 3680', lay 0/40 poz 4% gel, 2r	(bottom), to (C down 3 ad 240',	top) for each	plug set. 5 1/2 casing,	run tubing in to 1st 660	
77072010 Wedsale III 100 , sail	a to 40 , iiii witi 100	111112			RECEIVE	D
					JAN 40 o	-
5405			011	.	JAN 192	UIU
Plugging Contractor License #: 5105		Name: _	Clarke	Corporation	KCC WICH	TT A
Address 1: P.O. Box 187		Address	ss 2: <u>107 W. Fowler</u>			
City: Medicine Lodge			State: KS Zip: 67104 +		z _{ip:} <u>67104</u> +	~_7
Phone: (620) 886-5665			_			
Name of Party Responsible for Plugging Fees:	erman L. Loeb, LLC					
State of Kansas Cour			cc			
Mark Morgenstern			, ss Ss Operator or Operator on above-described well,			
(Print Name)			_ (x ") ∈wi	noyee or Operator or	Derator on above-described v	ren,
being first duly sworn on oath, says: That I have known	wledge of the facts statement	s, and matte	rs herein con	tained, and the log of	f the above-described well is as filed,	and
the same are true and correct so help me God.	+					
Signatura: 4 Nove 4 Nove	ensler					