

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 #: 31739  
Name: Iuka Carmi Development, LLC  
Address 1: PO Box 907  
Address 2: \_\_\_\_\_  
City: Pratt State: KS Zip: 67124 + \_\_\_\_\_  
Contact Person: Kenneth C. Gates  
Phone: ( 620 ) 672-9571 Ext 5  
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: E-6895  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)  
Simpson Depth to Top: \_\_\_\_\_ Bottom: 4170 T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 151-10194-00-01  
Spot Description: \_\_\_\_\_  
NE NE SW Sec. 7 Twp. 27 S. R. 12  East  West  
2310 2336 Feet from  North /  South Line of Section  
2970 2978 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Pratt  
Lease Name: ICHU Well #: 25  
Date Well Completed: \_\_\_\_\_  
The plugging proposal was approved on: 12/10 (Date)  
by: Steve Phiefer (KCC District Agent's Name)  
Plugging Commenced: \_\_\_\_\_  
Plugging Completed: 6/8/11

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

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 5 1/2 CIBP @ 4170

RECEIVED  
AUG 16 2011

KCC WICHITA

Plugging Contractor License #: 5893 Name: Pratt Well Service  
Address 1: PO Box 907 Address 2: \_\_\_\_\_  
City: Pratt State: KS Zip: 67124 + \_\_\_\_\_  
Phone: ( 620 ) 672-9571  
Name of Party Responsible for Plugging Fees: \_\_\_\_\_  
State of \_\_\_\_\_ County, \_\_\_\_\_, ss.  
\_\_\_\_\_  
(Print Name)  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 the same are true and correct, so help me God

Signature: Kenneth C. Gates 8-5-11