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 #:6009				API No. 15 - 101-22302 • 00 • 00											
Name: DOUBLE EAGLE EXPLORATION, INC. Address 1: 221 S. BROADWAY, #331 Address 2:				Spot Description: SE_NE_SE_Sec.26_Twp.16_S. R.30East											
								Phone: (316_)_26		NE NW SE SW					
								Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:				County: _LANE			
								ENHR Permit #:	[SWD Permit#:	Lease Name: SHAY DIRREEN B Well #: 1 Date Well Completed: 8/24/2011 (Date)					
									s Storage Permit #: s well log attached? Yes						
): List All (If needed attach a	_	NO	by: KEN J											
D	Bottom: T.D														
		Bottom: T.D		Plugging Commenced: 8/24/2011 Plugging Completed: 8/25/2011											
Depth to Top: Bottom: T.D				Plugging Completed: 0/23/2011											
	<u> </u>														
Show depth and thickne	ess of all water, oil and gas	formations.				<u> </u>									
Oil, Gas or Water Records				Record (Surface, Conductor & Prod											
Formation	Content	Casing	Size	Se	tting Depth	Pulled Out									
		SURFACE	8.625	38	7										
				-											
						+									
	- +		-			·									
1st Plug @ 23 4th Plug @ 42 Total 280 sx 6	were used, state the charact 00' w/ 50 sx; 2nd 0' w/ 50 sx; 5th I 0/40 Pozmix, 4%	plugged, indicating where the ter of same depth placed from Plug @ 1480' w/ 8 Plug @ 60' w/ 20 sx Gel, 1/4# FloSeal 1 by Consolidated	(bottom), to $30 \text{ sx}; 3$	(top) for each plug rd Plug @ 7	set. '50' w/ 50										
		·				KCC WICHITA									
Plugging Contractor Lic	cense #: <u>4996</u>		Name:	<u>Consoli</u> dat	ed <u>Oil We</u> ll	Services, LLC									
Address 1: P.O. Box 884 Addre				ss 2:											
City: Chanute				State: KS zip: <u>667</u> 20+											
Phone: (620) 43	31-9210			_											
Name of Party Respons	sible for Plugging Fees:	Oouble <u>Eagle Explora</u>	tion												
State of Kansas	Cot	_{inty,} Sedgwick		, \$S.											
Jim Re	obinson			X Employe	e of Operator or	Operator on above-described w									
	(Print Na	•		•											
	n oath, says: That I have kn correct, so help me God.	owledge of the facts statemen	ts, and matte	rs herein containe	d, and the log o	f the above-described well is as filed,									
Signature:	1 m	Ralamon													