Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

OPERATOR: License #: 6753

## 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

API No. 15 - 113 - 00 299 - 00 - 00

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

Name: Jesse R. Alexander				Spot Description: SW/4 SW/4 NW/4				
Address 1: 200 N. Lakeside Drive				SE SW SW NW <sub>Sec. 29 Twp. 18 S. R. 2 East West</sub>				
Address 2:				330 2947 Feet from North / South Line of Section 330 4705 Feet from East Line of Section Footages Calculated from Nearest Outside Section Corner:				
City: McPherson State: KS zip: 67460 +								
Contact Person: Judy Hageman								
Phone: (620 ) 242-8893		<u> </u>			☐ NE ☐ NW [	SE SW		
Type of Well: (Check one)  Oil Well Gas Well OG D&A Cathodic					County: McPherson			
Water Supply Well Other: SWD Permit #:				Lease Name: Alexander Well #: 104029				
ENHR Permit#: Gas Storage Permit#:				Date Well	Completed: 9-17-	1954		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on:(Date) by: Shane Jones(KCC District Agent's Name)				
Producing Formation(s): List All (If no		,		by: Sha	ane Jones	(KCC <b>DIs</b>	! <b>rict</b> Agent's Name)	
Depth to Top: Bottom: T.D  Depth to Top: Bottom: T.D				Plugging Commenced: 9-9-11				
				Plugging Completed: 9-14-11				
Борин ю юр.	Bottom	1.D						
Show depth and thickness of all water	er, oil and gas formation	S.	·		3			
				Record (Surface, Conductor & Production)				
Formation Content		Casing			Setting Depth Pulled Out			
			0.5/01		4401		L.	
<del></del>	•		8-5/8"		140'	None	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			5"		2385'	_ 800'		
					-			
Plugged off bottom with pumped 100 sxs. 60/4 60/40 pos, 4% gel and Plugging Contractor License #:3*	0 pos, 4%el., c I circulated to s	ement didn't cir surface. Pluggin	culate ig Con	. Ran i nplete.	asing loose @ n 150' of poly Testing & Salva	pipe, pumped	to 400', 75 sxs.	
Address 1: P.O. Box 467			Address 2	2:				
City: Chase				State: Kansas zip: 67524 + 0467				
Phone: (620 ) 938-2943								
Name of Party Responsible for Plugg	ing Fees: <u>Jesse R</u>	. Alexander			* * * * * * * * * * * * * * * * * * * *			
State of Kansas	County, Ric	e	*****	. <b>,</b> \$\$.				
Mike Kelso (Print Name)				Employee of Operator or Operator on above-described well,				
being first duly sworn on oath, says: T the same are true and correct, so hel	hat I have knowledge o	f the facts statements, an	d matters	herein con	tained, and the log of t	the above-described w	ell is as filed, and	
Signature:	The					RE	ECEIVED	

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

OCT 0 3 2011