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 #: 7329
Name: Doodlebug Oil Co.
Address 1: 317 S. Forest St.
Address 2:
City: Douglass State: KS Zip: 67039 + ____
Contact Person: John M. Woody
Phone: (316) 747-2694
Type of Well: *(Check one)* ☐ Oil Well ☐ Gas Well ☐ OG ☑ D&A ☐ Cathodic
☐ Water Supply Well ☑ Other: Dry Well ☐ SWD Permit #:
☐ ENHR Permit #: ☐ 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)*
_____ Depth to Top: ____ Bottom: ____ T.D. ____
_____ Depth to Top: ____ Bottom: ____ T.D. ____
_____ Depth to Top: ____ Bottom: ____ T.D. ____

API No. 15 - 035-24,418 - 00 - 00
Spot Description:
__ - S2 - SE - SW Sec. 33 Twp. 33 S. R. 8 ☑ East ☐ West
330 Feet from ☐ North / ☑ South Line of Section
3,300 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Cowley
Lease Name: Kennedy Well #: 1
Date Well Completed: 9/07/2011
The plugging proposal was approved on: _____ *(Date)*
by: _____ *(KCC District Agent's Name)*
Plugging Commenced: 9/07/2011
Plugging Completed: 9/07/2011

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.

See Attached Invoices

RECEIVED
OCT 3 1 2011
KCC WICHITA

Plugging Contractor License #: 30567 Name: R.K. "Bud" Sifers
Address 1: P.O. Box 227 Address 2:
City: Iola State: KS Zip: 66749 + ____
Phone: (620) 365-6294
Name of Party Responsible for Plugging Fees: John M. Woody
State of Kansas County, Butler , ss.
John Woody *(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: _____

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