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

OPERATOR: License #: 30525

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 #: 30525				API No. 15 - 159-04244-00-00		
Name:D.S. Langston				Spot Description: SE NE NW			
Address 1: 310 W Central Suite 202				Sec. 35 Twp. 20 S. R. 6 East Wes			
Address 2:							
City: Wichita State: KS Zip: 67202 +							
Contact Person:				Footages C	Calculated from Nea	arest Outside Section Corner:	
Phone: (620_) _786-0874 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				NE NW SE SW County: Rice			
							Water Supply Well Other: SWD Permit #:
Ls ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed:			
				The pluggin	ng proposal was ap	proved on: (Date	
Producing Formation(s): List All (If needed attach another sheet)				by: Virgal Clothier (KCC District Agent's Name,			
Depth to Top: Bottom: T.D				Plugging Commonged: 10-7-11			
Depth to Top: Bottom: T.D				Plugging Completed: 10-11-11			
Depth to Top: Bottom: T.D.							
Show don'th and thinkness of	-11		···				
Show depth and thickness of		formations.					
Oil, Gas or Water			sing Record (Surface, Conductor & Production)				
romation	Content	Casing - 5	Size		Setting Depth	Pulled Out	
			8"		120'	None	
	RECONDO		5-1/2'		3378'	1000	
	RECEIVED		J-1/2	· ···	33/8	1000'	
	 N O	V 0 4 2011					
	!						
Plugged off bottom	with sand to	3300' and 5 sacked up to 500', pum	s cement	. Cut cas	ing @ 1000	ods used in introducing it into the hole. If ', pulled up to 900', up to 250', and circulated	
Plugging Contractor License #	_					alvage, Inc.	
City: _Chase				State: Kar	isas	zip: 67524 +	
Phone: (<u>620</u>) <u>938-29</u>	43						
Name of Party Responsible for	Plugging Fees: _D	.S. Langston					
State of Kansas	Cou	_{nty,} Rice	-	, \$S.			
Mike Kelso (Print Name)				_ Emplo	yee of Operator or	Operator on above-described well,	
being first duly sworn on oath, the same are true and correct,		owledge of the facts stateme	nts, and matters	s herein conta	ined, and the log of	f the above-described well is as filed, and	
Signature: Medical	17/2-						