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 #: 5348					- 095-0093	0-00-01	
Name: Robert E. Campbell, Oil & Gas Operations							
Address 1: 260 N. Rock Road, Suite 110							
Address 2:							
City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67206</u> +							
Contact Person: Robert E. Campbell					Footages Calculated from Nearest Outside Section Corner:		
Phone: (316) 685-6001					NE NW X SE SW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic					County: Kingman		
Water Supply Well Other: X SWD Permit #: D16361					Lease Name: Pinkerton SWD well #: 1		
ENHR Permit #: Gas Storage Permit #:					Date Well Completed:05/06/1961		
Is ACO-1 filed? Yes No Un - If not, is well log attached? Yes X No					The plugging proposal was approved on: 11/22/11 (Date)		
Producing Formation(s): L	ist All (If needed allach anothe	er sheet)		by: Ste	ve Bond	(KCC District Agent's Name)	
Depth to Top: Bottom: T.D.					Plugging Commenced: 11/18/11		
Depth to Top: Bottom: T.D				Plugging Completed: 11/23/11			
Depth to Top: Bottom:T.D				,			
						The state of the s	
Show depth and thickness	of all water, oil and gas form	ations.					
Oil, Gas or Water Records Casin				Record (Surface, Conductor & Production)			
Formation	Content	- Casing	Size		Setting Depth	Pulled Out	
		Surface	8-	-5/8"	215'	None	
	and the	Production	1		4,173'		
					್ರಾಪಾಕ್ ನಿರ್ವಹಿತ ಮುಖ್ಯಾಗಿ . ಕ್ರಮಾರ್ಥ ಸಿಕ್ಕಾರ್	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ran washove thru tubing pumped 120 tested casi	re used, state the character of r pipe to 2500' at 2,756'. Tag sacks down casir ng from 925' - (ment. Tagged co	isame depth placed from (b and could not f gged cement at 2 ng. Let set 2 h O', held 100#.	ottom), to fish 1 2,644' nours Perfo	(top) for each tubing o . Tied and tag orated c	n plug set. out. Spotte d onto 5-1/2 gged cement casing at 52	at 925'. Pressure	
Plugging Contractor Licer	nse #:30346		_ Name:	Shawne	<u>ee Well Serv</u>	ice, Inc.	
Address 1: P. O. Box 333			Address 2:				
city: Attic	a			State:	KS	zip:67009+0333	
Phone: (<u>620</u>) <u>25</u>		· · ·					
Name of Party Responsib	ole for Plugging Fees:Rot	<u>oert E. Campbel</u>	1, 0i	l. & Gas	<u>Operations</u>	1	
State of Kansas	County,	Sedgwick			· · · · · · · · · · · · · · · · · · ·	الراب المراب الما المامولة	
Robert E. Campbell (Print Name)				Employee of Operator or X Operator on above-described well,			
being first duly sworn on the same are true and co	oath, says: That I have knowle	edge of the facts statements,	and matt	ers herein cor	ntained, and the log of	f the above-described well is as filed, and RECEIVED	
and same are true and co	1 Sell 11 mm no 1 11			•	, and the same	DEC 1.5 2011	
Signature:	oc sumprey					UEL 13 ZUII	