

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 #: 5545
Name: Morris, Everett E., a General Partnership
Address 1: 9133 1000 RD Fredonia, KS 66736
Address 2: _____
City: Fredonia State: KS Zip: 66736 + _____
Contact Person: Everett Morris
Phone: (620) 378-3249
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ 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 - 205-24846-00-00
Spot Description: _____
NW NW NW SE Sec. 34 Twp. 29 S. R. 15 East West
2,475 Feet from North / South Line of Section
2,475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: Eisele Well #: 11
Date Well Completed: 1990
The plugging proposal was approved on: Unknown (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: Unknown
Plugging Completed: Unknown

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
Unknown		surf.	6 5/8"	20'	
		prod.	2 7/8"	1330'	KCC ACO-1

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.

RECEIVED
NOV 29 2011
KCC WICHITA

Plugging Contractor License #: Unknown Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Name of Party Responsible for Plugging Fees: _____
State of _____ County: _____, ss. _____
(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: [Handwritten Signature]