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

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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 #: 33999				API No. 15 - 095-21398-0001			
Name: LINN Operating, Inc.				Spot Description:			
Address 1:600 Travis, Ste 5100				CNW_NE Sec. 23_ Twp. 30_ S. R. 7 East West			
Address 2:				660 Feet from Morth / South Line of Section			
City: Houston State: TX Zip: 77002 +							
Contact Person: Rena Carter				Footages Calculated from Nearest Outside Section Corner:			
Phone: (405_) 241-2223				V NE NW SE SW			
Type of Well: (Check one) 📝 Oil Well 🔲 Gas Well 🔲 OG 🔲 D&A 🔲 Cathodic				County: _Kingman			
Water Supply Well Other: SWD Permit #:				Lease Name: Hufford Well #: 7			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 12/10/83			
Is ACO-1 filed? Yes V No If not, is well log attached? Yes V No						oved on: <u>6/16/10</u> (Da	•
Producing Formation(s): List All (If needed attach another sheet)				by: Jeff Klock (KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced: 9/29/11			
Depth to Top: Bottom: T.D				Plugging Completed: 10/3/11			
Depth to Top: Bottom: T.D							
Show depth and thickness of a	ell water, oil and gas forma	ations.					_
				Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	┪
					<u> </u>		7
			8 5/8				┪
		Surface			250	200 Sacks Cement	\dashv
		Production	5 1/2		4284	125 Sacks Cement	-
			-				╛
Pulled 70-7/8" & 8 at 3750', bailed 5 st	ed, state the character of 1-3/4" rods. Log acks cement on	same depth placed from (both g-Tech shot tubing sand. Ripped cas	om), to o at 38 ing a	(top) for each 800'. Pul t 2160 &	plug set. lled 122 joints 2020'; pipe ca	of 2 7/8" tubing. Sand ame free. Pulled to 35 sacks cement, 3%	H
cc & 100# hulls. Pt	ulled to 300' & ci	irculated 120 sacks	s cen	nent to s	urface.	DECENTER	
						RECEIVED	
						DEC 2 1 2011	
Plugging Contractor License #: 31925			Name: _	Quality	Well Service, Ir	KCC WICHITZ	Г
Address 1: 190 U S Hw	y 45	·	Address	2:			`
City: _Ellinwood				State: KS	<u> </u>	zip: <u>67526</u> +	_
Phone: (620) 727-34	10						
Name of Party Responsible for	Plugging Fees: LINN	Operating, Inc				····	_
_							
State of OKIAhama county, OKIAhama Rena Carter (Print Name)				_ , 33. _ <mark>- </mark>	r	–	
0/6//00 0	(Print Name)			{\text{Z}\ Emp	loyee of Operator or	Operator on above-described wel	١,
	•	ge of the facts statements, and	d matter	s herein cont	ained, and the log of th	ne above-described well is as filed, an	đ
the same are true and correct, s	so help me God.						
Signature:	Carto						-