

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 #: 33999				API No. 1	5- 095-10026	. 00 . 00	
Name: LINN Operating, Inc				Spot Description:			
Address 1: 600 Travis Ste 5100				SW_NW Sec. 34_ Twp, 30_ S. R. 8East  West			
Address 2:				3,300 Feet from North Usouth Line of Section			
City: Houston State: TX zip: 77002 +				. 4620 660 Feet from East West Line of Section			
Contact Person: Rena Carter				Footages Calculated from Nearest Outside Section Corner:			
Phone: (405) .241-2223				☐ NE ☐ NW ✓ SE ☐ SW			
Type of Well: (Check one) Oil Well Gas Well GG D&A Catho				County:	Kingman		
Water Supply Well Other: SWD Permit #:				Lease Name: Boyle K Well #: 2			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 12/31/59			
is ACO-1 filed? Yes V No If not, is well log attached? Yes V				tree bing 2 and bing between our tree of the tree of t			
Producing Formation(s): List All (If needed attach enother sheet)				by: Jeff Klock (KCC District Agent's Name)			
				Plugging Commenced: 11/18/11			
Depth to Top: Bottom: T.D				Plugging Completed: 11/22/11			
Depth to	o lop: Botto	m:T.D					
Show depth and thickness of	all water oil and nas forms	lions			<del> </del>		
				Record (Surface, Conductor & Production)			
Formation	· · · · · · · · · · · · · · · · · · ·		Size		Setting Depth	Pulled Out	
		Casing			J Committee of the comm		
			ļ		<u> </u>		
		Surface	8 5/8 4 1/2		290	300 sacks cement 250 sacks cement	
		Production			4484		
		FIOGUCION			4404		
			<u> </u>				
Checked hole, sar Pulled casing to 12 sacks cement, 3% of casing.	nd at 4320'; baile 200' & pumped 3	d 4 sacks cement 5 sacks cement, 3	on sa %cc 8	nd. Rip k 100# h	ped casing at ulls. Pulled to	o 700' & pumpe	ed 35
Pluggling Contractor License #: 31925  Address 1: 190 US Hwy 56				Name: Quality Well Service, Inc			
City: _Ellinwood			·	State: KS		Z(p: <u>67526</u>	_+
Phone: ( <u>620</u> ) <u>727-34</u>	09						
Name of Party Responsible for	· -	- · · ·					
State of OKIA han		Klahoma	<u>_</u>	, 69.			
Rena Carter (Print Nome)				Employee of Operator or Operator on above-described well,			
eing first duly sworn on oath, s he same are true and correct, s	=	e of the facts statements, and	matters	herein conta	ined, and the log of th		
Signature; Rina	Conty	· · · · · · · · · · · · · · · · · · ·				RECE	IVED
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