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 #:33235				API No. 15 - 007-23417-0000		
Name: Chieftain Oil Company				Spot Description:		
Address 1:P.O. Box 124				NW NE NE SW Sec. 4 Twp. 32 S. R. 10 East West		
Address 2:				2,416 Feet from North / South Line of Section		
City: Kiowa State: KS Zip: 67070 +				2,085 Feet from East / West Line of Section		
Contact Person: Ron Molz				Footages Calculated from Nearest Outside Section Corner:		
Phone: (620_) _825-4030				□ NE □ NW □ SE 🗸 SW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County: Barber		
Water Supply Well Other: SWD Permit #:				Lease Name: Rowe A Well #: 1		
ENHR Permit #: Gas Storage Permit #:						
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed:		
Producing Formation(s): List All (If needed attach enother sheet)				by: Kenny Sullivan (KCC District Agent's Name)		
Depth to Top: 4412 Bottom: 4422 T.D				Plugging Commenced: 1/9/12		
Depth to Top: <u>4426</u> Bottom: <u>4432</u> T.D.				Plugging Completed: 1/11/12		
Depth to Top: Bottom: T.D. 4943						
Show depth and thickness of all water, oil and gas formations.						
	Oil, Gas or Water Records			sing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
		Surface	8 5/8		348	0
		Casina	5 412		4027	2400
		Casing	5.1/2		4937	3100
Set CIBP at 4360', dump 2sx cement with dump bailer on bridge plug, lay down casing, run tubing to 1st plug at 600', pump 10sx gel and 50sx cement 60/40 POZ, 2nd plug at 378', spot 50sx cement, 3rd plug at 60', circulate to surface with 30sx.						
				JAN 1 8 2012		
5105				Clarka	Corporation	KCC WICHITA
Plugging Contractor License #: 5105 Name:					Corporation	
Address 1: P.O. Box 187						
City: _Medicine_Lodge				State: KS	S	z _{ip:} <u>67104</u> +
Phone: (620) 886-56		8-t- Ol O				
Name of Party Responsible for	r Plugging Fees: <u>Unite</u>	tain Oil Company				
State of Kansas County, Barber						
Mark Morgenstern (Print Name)				Employee of Operator or Operator on above-described well,		
	· ·	ige of the facts statements, an	d matter	s herein con	tained, and the log of t	he above-described well is as filed, and
the same are true and correct, so help me God.						
Signature: Mark Margenslern						