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

## March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #: 31751				API No. 15 - 205-27954-0-00			
Name:JV_Oil_LLC				Spot Description:			
Address 1:PO Box 151				NW SE. NW SW Sec. 19 Twp. 28 S. R. 15 ✓ East West  1,910 Feet from North / South Line of Section  900 Feet from East / West Line of Section  Footages Calculated from Nearest Outside Section Corner:  NE NW ✓ SE SW  County: Wilson			
Address 2:							
City: <u>Chanute</u> State: <u>KS</u> Zip: <u>66720</u> +							
Contact Person: _John_E_Galemore							
Phone: (918_) _629-1776							
Type of Well: (Check one) Oil Well Gas Well GO D&A Cathodic							
Water Supply Well Other: SWD Permit #:				-		Well #: 15H	
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 9-23-11			
Is ACO-1 filed? Yes V No If not, is well log attached? Yes No				The plugging proposal was approved on: 9-23-11 (Date)			
Producing Formation(s): List	All (if needed attach anoti	ner sheet)				(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced: 9-23-11			
Depth to Top: Bottom: T.D				Plugging Completed: 9-23-11			
Depth to	о Тор: Во	ttom:T.D					
	-			L			
Show depth and thickness of	all water, oil and gas for	mations.					
Oil, Gas or Water Records Casing Re					Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Bartlesville		Dry Hole					
<u> </u>				<del></del>			
Filled from TD 110	00 to surface wi	th 170 sacks Por	tland Ce	ement			
Plugging Contractor License #: 31751			Name:	Name: JV Oil LLC			
Address 1: PO Box 15			Addres	e 2·			
				State: _KS zip: <u>66720</u> +			
Phone: (918 ) 629-1	776			_			
Name of Party Responsible for	or Plugging Fees: _JV_	Oil LLC					
State of Kansas	County	Neosho		, SS.			
JV Oil LLC				_	ployee of Operator or	Operator on above-described well,	
hains first duly susses as cath	(Print Name)		te and			•	
the same are true and correct	· · ·	reage of the facts statement		ers nerem cor	named, and the log of	the above-described well is as filed, and RECEIVED	
Signature:	AMINA	VVONC		<b></b>	·	FEB 2 7 201	
U	Mail to: KCC - C	onservation Division, 13	0 S. Marke	t - Room 20	78, Wichita, Kansas	67202	