

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 #: 34463  
Name: EITEL, ROBERT W  
Address 1: 21 E LAKE RD  
Address 2: \_\_\_\_\_  
City: FARLINGTON State: KS Zip: 66734 + \_\_\_\_\_  
Contact Person: ROBERT W EITEL  
Phone: ( 620 ) 238-0235  
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: INU  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: 623622.4  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)  
TUCKER Depth to Top: 578 Bottom: 597 T.D. 635  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 037-21257 . 00 . 00  
Spot Description: \_\_\_\_\_  
W2 W2 SW NE Sec. 30 Twp. 27 S. R. 22  East  West  
3,300 Feet from  North /  South Line of Section  
2,384 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: CRAWFORD  
Lease Name: ALBERT ELMER Well #: L-2  
Date Well Completed: 1984  
The plugging proposal was approved on: \_\_\_\_\_ (Date)  
by: RUSSEL HINE (KCC District Agent's Name)  
Plugging Commenced: 10-27-11  
Plugging Completed: 10-27-11

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
TUCKER	OIL	7"X22'	2 7/8	635	

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.

Plugging Contractor License #: 34463 Name: Eitel, Robert  
Address 1: 1150 HIGHWAY 39 Address 2: \_\_\_\_\_  
City: CHANUTE State: KANSAS Zip: 66720 + \_\_\_\_\_  
Phone: ( 620 ) 431-4137  
Name of Party Responsible for Plugging Fees: ROBERT W EITEL  
State of KANSAS County, CRAWFORD, ss.  
ROBERT W EITEL  Employee of Operator or  Operator on above-described well.  
(Print Name)

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: \_\_\_\_\_

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED  
MAR 14 2012  
KCC WICHITA