Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 50 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 #:3	4262			API No. 1	5- <u>091-2246</u>	8 .00.00	
Name: Lelia M. Roberts				SpotDes	cription:		
Address 1:P.O.Box 421				nw aw nw Sec. 29 Twp. 14 S. R. 22 Feast West 4.540 4524 Feet from North / South Line of Section 4.895 4822 Feet from East / West Line of Section Foolages Calculated from Nearest Outside Section Corner:			
Address 2:							
city: Olathe state: KS zip: 66051 +							
Contact Person: Lelia Roberts							
Phone: (913.) 764-2859				☐ NE 🗸 NW ☐ SE ☐ SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				county: Johnson			
Water Supply Well Other: SWD Permit #: SWD				Lease Name: Red Dragon Oil well #: 33-1 Date Well Completed: 6-16-92 The plugging proposal was approved on: 3-12-12 (Date)			
							Producing Formation(s): List
Bartlesville Depth to Top: 844' Bottom: 856' T.D. 917'				Plugging Commenced: 3-15-12 Plugging Completed: 3-15-12			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				- Inagging completed.			
				<u> </u>			
Show depth and thickness of Oil, Gas or Water		mations.	Casina	Board (Divi			
Formation	Content	Casing	Size	Necora (San	Setting Depth	Pulled Out	
	oil	-	- i			T GROUND COL	
Bartlesville		22' of 7"	27/	8"	907'		
			}		ļ.		
			ĺ				
	<u> </u>			·	-1		
Describe in detail the manner cement or other plugs were us						ods used in introducing it into the hole. If	
· ·			-		•		
						irface, filled 2 7/8" after	
		n to 2 7/8" and squ	ieezea	with cei	ment. Snut in	at 500 psi. Used 30	
sacks of Portland	cement.						
Plugging Contractor License #: 31440 Name: Consolidated Oil Well Serevice							
Address 1: 2631 Eise							
Address 1: _ZUJ LISC							
City: Ottawa				_ State:_K	ansas	zip: <u>66067</u> +	
Phone: (785) 242-4	1044			<u> </u>			
Name of Party Responsible for	r Plugging Fees: <u>Le</u>	lia M. Roberts	-,				
State of Kansas County, Johnson				ea			
				Employee of Operator or Operator on above-described well,			
- T- T- 1-U- / N	(Print Name)	3		[_] Em	proyee of Operator or	Operator on above-described well,	
	-	ledge of the facts statements	, and matte	ers herein co	ntained, and the log o	f the above-described well is as filed, and	
the same are true and correct	s, so neip me God.	2,					
Signature:	1(July					RECEIVED	
J						" LUEIVET	

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

MAR 2 2 2012 KCC WICHITA