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 KAR. 82-3-117

OPERATOR: License #: 4402				API No. 15 - 091-19188 · 00 · 00											
Name: Beverly Burgdorfer Address 1: 30425 W. 167th St				Spot Description: SE_NW_NE_NW Sec. 23 Twp. 14 S. R. 22 Fast West											
								Address 2:				4,640 Feet from North / South Line of Section			
City: Gardner State: KsZip: 66030_ + Contact Person: _Mike Kepley Phone: (620_) _433-7196 Type of Well: (Check one)															
								ENHR Permit #: Gas Storage Permit #:				Date Well Completed: Well #: Z			
								is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugg	Completed: ing proposal was app	proved on:	(Data)
									List All (If needed attach a						C District Agent's Name)
Bartlesville Depth to Top: Bottom: T.D. 845 Bottom: T.D. T.				Plugging Commenced: 9/5/2012 Plugging Completed: 9/5/2012											
								De	pth to Top:	Bottom:T.D.	 				
Show depth and thickness	ss of all water, oil and gas	formations.													
	Water Records		Casing	Record (Surfa	ace, Conductor & Prod	uction)									
Formation	Content	Casing	Size	<u> </u>	Setting Depth	Pulled Out									
		7			20										
			4.5		845										
					1	Ì									
After pulling roo	ds and tubing ou	ter of same depth placed fr it of 4 1/2 had we th 156 sacks of co	II perforate	ed at 500	Oft, 350ft and										
							SEP 2 5 2012								
Sharaka Garaka k	33749			Kanlay	Well Senice I	ıc	•								
Plugging Contractor License #: 33749							—KCC WICHITA								
Address 1: 19245 F															
City: Chanute				State: Ks	3	zlp: <u>667</u> 2	20+								
Phone: (620) 43	3-7196			_											
Name of Party Responsi	ble for Plugging Fees:	Beverly Burgdorfer			· · · · · · · · · · · · · · · · · · ·										
State of Kansas	Cou	_{inty,} Johnson		, ss.											
					ployee of Operator or	Operator o	n above-described well,								
hoine first duty and	(Print Na	•			, ,		·								
being first duly swom on the same are true and co		nowledge of the facts staten	nents, and matte	ers herein cor	tained, and the log o	T the above-descr	ibed well is as filed, and								
	•						الب								
Signature:															