

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 #: 30991
Name: Red Cedar Oil L.L.C.
Address 1: P.O. Box 221
Address 2: _____
City: Medicine Lodge State: Kansas Zip: 67104 + _____
Contact Person: Dale Walker
Phone: (620) 886-3951
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ 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)
Mississippi Depth to Top: 4864' Bottom: 4890' T.D. 4890'
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 007-20591 • 00 • 00
Spot Description: _____
E2 NW SW NW Sec. 6 Twp. 32 S. R. 15 East West
1,650 Feet from North / South Line of Section
370 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Schuette 'A' Well #: 1
Date Well Completed: _____
The plugging proposal was approved on: 11/13/2012 (Date)
by: Mike Maier (KCC District Agent's Name)
Plugging Commenced: 11/13/2012
Plugging Completed: 11/15/2012

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
		Surface	8 5/8	385'	0'
		Production	4 1/2	4864'	2100'

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.

Set CIBP at 4790' spotted 2 sx cement on bridge plug. Layed down 4 1/2 casing. Ran tubing to 940' spotted 10 sx gel 50 sx cement 60/40 poz 4% gel. 390' 50 sx cement. 60' 20 sx cement circulated to surface.

RECEIVED
11-20-12
NOV 20 2012

KCC WICHITA

Plugging Contractor License #: 5105 Name: Clarke Corporation
Address 1: 107 West Fowler Address 2: _____
City: Medicine Lodge State: Kansas Zip: 67104 + _____
Phone: (620) 886-5665
Name of Party Responsible for Plugging Fees: Dale Walker
State of Kansas County, Barber, ss.
Dale Walker 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: Dale Walker

SP