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

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

API No. 15 - 071-20729 · OO · OO OPERATOR: License #: 4894 Name: Horseshoe Operating, Inc. Spot Description: ____C_SW_Sec.21_Twp.20_S. R. 40 East W West Address 1: 110 W. Louisiana, Ste. 200 9 1,320 Feet from North / ✓ South Line of Section Address 2: 1,320- 4018 Feet from Fast / West Line of Section City: Midland State: TX Zip: 79701 + ____ Footages Calculated from Nearest Outside Section Corner: Contact Person: S. L. Burns / Janice Ripley Phone: (432_) 683-1448 NE NW SE SW County: Greeley Water Supply Well Other: SWD Permit #: ___ ____ Well #: 3_ Lease Name: King L ENHR Permit #: _____ Gas Storage Permit #: Date Well Completed: __ 10/16/2000 Is ACO-1 filed?

✓ Yes No If not, is well log attached? Yes No The plugging proposal was approved on: 10/26/12 by: Steve Bond Producing Formation(s): List All (If needed attach another sheet) (KCC District Agent's Name) Bottom: 2830 T.D. 2854 Winfield Depth to Top: 2809 Plugging Commenced: 12/17/12 Bottom: _____ T.D. _ _____ Depth to Top: _____ Plugging Completed: 12/17/12 Bottom: ______ T.D. ___ __ Depth to Top: ____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Pulled Out Size Setting Depth Casing Content Formation Surface 8-5/8" 235' Winfield Gas 4-1/2" Production 2857' 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. Plugged 4-1/2" w/250# hulls & 216 sx 60/40 poz 4% gel; pressured to 500#-held. JAN 1 1 2013 KCC WICHITA Pumped 14 sx 60/40 poz 4% gel; pressured to 300#-held. Plugging Contractor License #: 49996 Name: Allied Oil & Gas Services , LLC Address 1: P. O. Box 93999 ______ State: <u>76092</u> Zip: ______ + City: Southlake, TX Phone: (785) 483-2627 Name of Party Responsible for Plugging Fees: Horseshoe Operating, Inc. State of Texas _____ County, Midland Employee of Operator or Operator on above-described well, S. L. Burns 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. Skyjes 2 Burns

Kinshes W.F.

ALLIED OIL & GAS SERVICES, LLC 060010

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o: Allied Oli & Gas Services, LLC.		11 (/
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