Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

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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 K.A.R. 82-3-117

WELL	PLUGGING RECORD
	V A D 02 2 447

OPERATOR: License #: 6928′ Name:Advantage Resources, Inc. Address 1:1775_Sherman_St., Ste. 1700 Address 2: City:Denver State: CO zip: 80203_+ Contact Person:Louis_C. Bortz Phone: (303_) 831-1912				API No. 15 - 097-21405-0000 Spot Description: SE NW_NE_SE Sec.20 Twp.28 S. R. 17 East					
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) Miss Depth to Top: 4838 Bottom: 4841 T.D. 4952 Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Show depth and thickness of all water, oil and gas formations.				County: _Kiowa					
	Oil, Gas or Water Records Casing Record (Surface, Conductor & Production)								
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Miss	Gas	Production	4-1/2		4949	2409			
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. Pulled casing to 1159', pumped 12 gal 50 sx 60/40 poz 4% gel. Pulled up to 480', pumped 50									
sx. Pulle	d up to 4	40', Pum	pe	d 20) sx.	·	RECEIVED		
Plugging Contractor License #: 31529 Name:				Mike's	Testing and	Salvage, Inc.	KCC-WICHIT		
Address 1: P. O. Box 467 Addres			Address	2:					
city: _Chase				State: KS		zip: 67524_	+ 0467_		
Phone: (620) 938-29	943			_					
Name of Party Responsible for	Plugging Fees: Advar	ntage Resources,	Inc.				·		
State of Colorado	County, C)enver		SS.					
Louis C. Bortz				Employee of Operator or Operator on above-described well,					
being first duly sworn on oath, the same are true and correct,	says: That I have knowledg	e of the facts statements, an	nd matte	rs herein con	tained, and the log of	the above-described w	ell is as filed, and		
	/ Mail to: KCC - Cons	ervation Division, 130 S.	Market	- Room 207	8, Wichita, Kansas	67202	47		