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 K.A.R. 82-3-117

OPERATOR: License #:			API No. 15 - 037 - 22093 - 0000 Spot Description: SE-NE-NW, SEsec. 7 Twp. 31 S. R. 22 X East West 3207 Feet from X North / South Line of Section				
Name: James P. O'Connell Address 1: 16525 E. 35th St. Court Address 2:							
					City: <u>Independence</u> St		
Contact Person: J. Patrick O'Connell Phone: (816) 517-1588 Type of Well: (Check one) Oil Well Gas Well Gas Well Gas Well SWD Permit #:			Footages Calculated from Nearest Outside Section Corner: NE NW X SE SW				
					County: CRAWFORD Lease Name: DAVIDSON Well #: 2		
			ENHR Permit #:	Gas Storage Permit #:			
			ls ACO-1 filed? 🔲 Yes 🔲 No 💮 If n	ot, is well log attached?	☐ No		approved on: <u>6-22-2010</u> (Date)
Producing Formation(s): List All (If needed attack			by: <u>n−a</u>	(KCC District Agent's Name)			
Dry hole Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.			Plugging Commenced: 6-22-2010 Plugging Completed: 6-22-2010				
						Depth to Top:	Bottom:T.D
Show depth and thickness of all water, oil and	gas formations.						
Oil, Gas or Water Records			Record (Surface, Conductor & Pr				
Formation Content	Casing	Size	Setting Depth	Pulled Out			
	Surface		201	none			
cement or other plugs were used, state the character and it is steel cemed. It to fill well from pulled out it cement surface. Cement was it is sacks of cement was below ground level.	enting string to the bottom up. ing string and t Portland mixed 5	TD,p Circu copped 5-6 ga	umped cement t lated cement t -off with ceme llons of water	to surface ent to the per sack.			
Plugging Contractor License #: 33495		Name:	Morris Energy	7			
Address 1: PO Box 305							
City: Weir,							
Phone: (417) 438-7921							
Name of Party Responsible for Plugging Fees	James P. O'Con	nell					
State of			SS				
State of				or or Operator on above-described well.			
(Prir	nt Name)	Parameter	Employee or Operato	TO Detailor on above-described well.			
being first duly sworn on oath, says: That I have the same are true and correct, so help me Go		ts, and matte	ers herein contained, and the lo	og of the above-described well is as filed, and RECEIVED			
Signature: James 900	omill						