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

OPERATOR: License #: 33617

Name: WILSON PRODUCTION COMPANY, INC.

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

RECEIVED

API No. 15 - 15-015 - 23666 - 00 - 00

Spot Description: ___

WELL PLUGGING RECORD K.A.R. 82-3-117

Address 1: 46601 837 ROAD				W2 - SE- SE- NE Sec. 35 Twp. 25 S. R. 4 X East West									
Address 2: State: NE_ Zip: 68823 + 5212				Feet from X North / South Line of Section Feet from X East / West Line of Section									
Contact Person: TONYA WILSON				Footages Calculated from Nearest Outside Section Corner:									
Phone: (308) 348-2292 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) AROUCKLE Depth to Top: 119 Bottom: 17.D. 2500				County: BUTLER Lease Name: SHARPSTEEN Well #:									
								(KCC District Agent's Name)					
							Plugging Commenced: 6-26-2013						
							Depth to Top: Bottom: T.D.				Plugging Completed: 7-1-2013		
					of all water, oil and gas forma	tions.	Casina Panomi (S	urface, Conductor & Prod	(unting)				
				Formation	Oil, Gas or Water Records Formation Content		Size	Setting Depth	Pulled Out				
ARBUCKLE	OIL (PID NOT	Casing Surface	85/8	261									
71110001120	(PRADUCE)	Production	41/2	2491									
		Production	7/2	2411	-								
PLUG BACK	T.D. WAS 1910	SPOTED I	5 SACKS	cement @	1100' IN 41/2" PIPE NSIDE OF 41/2" 160'								
TO SURFACE.			- 10 30	KFACE 4 ON I	NSIDE OF 4/2" 160'								
KCC FIELD N	MAN WAS PATE	ICK (ON SITE)											
Plugging Contractor License			Name: HAD	-A-CALL									
Address 1: 15951 E. 101 N. Address 2:													
City: BENTON			State:_	KS	zip: 67017_+								
Phone: (316) 799 -	2210		· · · · · · · · · · · · · · · · · · ·										
Name of Party Responsible	for Plugging Fees: on	4A WILSON	- WILS	ON PRODUCTI	ON COMPANY, INC.								
State of NEB	County, _	GARFIELD	, ss. /	261-21-870	4								
TONYA WIL SON (Print Name)				Employee of Operator or Operator on above-described well,									
	th, says: That I have knowled			contained, and the log o	f the above-described well is as filed, and								
Signature:	16.0												
	Mail to: VCC - Con-	ervation Division, 130 S.			KCC WICHITA								
•	maii to. Noc - cons	iei valiun bivision, 130 3.	mainet - ROOM (evi 9, ffictica, ransas	IIII 2 9 <i>2</i> 013								