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 #:	33373			- 1292052			
Name: ROBERT NAIRY				Spot Description: SENW SE			
Address 1: HC / BOX 93				61-647 Sec. 8 Twp 35. R. 43 East West			
Address 2: 1118 5 MUNCY ANC				Feet from North / South Line of Section 1598 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
City: 21 1 1 1 1 1 State: 25 Zip: 67950							
Contact Person: Robert NAIRN							
Phone: (620) 697	4355	· · · · · · · · · · · · · · · · · · ·	. Toolages			51.	
Type of Well: (Check one) Oil Well				NE NW SE SW			
Water Supply Well		SWD Permit #:	County:				
ENHR Permit #: Gas Storage Permit #:				Lease Name: MOSRE Well #: C4-8 Date Well Completed: 11-17-81 The plugging proposal was approved on: 16-14-2013 (Date)			
Producing Formation(s): List A		om: <u>1346</u> T.D. <u>140</u>	3 1		An (KCC Distric		
·		om: T.D	Plugging C		16-2013	•	
Depth to	•	om:T.D	Plugging 0	Completed: 5	16-2013	2:30 AM	
Depth to	r top: Bott	OM:1.D			<u> </u>		
Show depth and thickness of	all water, oil and gas forn	nations.					
Oil, Gas or Water	or Water Records Casi		Casing Record (Surfa	g Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
Red CAVE	675	SULEACE	8.625	563	None		
		PROJUCTION	4.5	1403	None	- 1	
		<u> </u>		·			
cement or other plugs were us	sed, state the character of	ged, indicating where the mud of same depth placed from (bot the content of the c	tom), to (top) for each	ı plua set.	_		
Plugging Contractor License #	32833		Name: Salgon Address 2:	+ Lillard	CASING PULLIN	Juc.	
City: Wood	ward		State:	0k	Zip:	-+	
Phone: (580) 254	,	<u> </u>					
Name of Party Responsible fo	r Plugging Fees:	. A i	210				
State of KANSA	County,	Moeton	, ss.				
Rober	A MAIR NO (Print Name)		Em	ployee of Operator or	Operator on above	described well,	
		edge of the facts statements, a	nd matters herein cor	ntained, and the log of	f the above-described wel	l is as filed, and	
the same are true and correct	, so help me God.	/					
Signature:	T//m/				KCC	WICHIT	

DEC 20 2013

RECEIVED