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 K.A.R. 82-3-117

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

OPERATOR: License #: 33107				API No. 15 - 15-097-20-322 • 00 • 00			
Name: Laurence Schwarm				Spot Description:			
Address 1: 11421 35th Ave.							
Address 2:							
City: Greensburg State: Ks Zip: 67054 +							
Contact Person: Laurence Schwarm Phone: (620_) 723-3169				Footages Calculated from Nearest Outside Section Corner:			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodia				☐ NE ☐ NW 🗸 SE ☐ SW			
Water Supply Well Other: SWD Permit #:				County: Kiowa			
ENHR Permit #: Gas Storage Permit #:				Lease Name: Schwarm Well #: 1			
Is ACO-1 filed? Yes No If not, is well log attached? Yes				Date Well Completed			
Producing Formation(s): List All (If needed attach another sheet)				by: Richard Lacey (KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced: 3/14/2014 Plugging Completed: 3/18/2014			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom:T.D.							
Show depth and thickness of all water, oil and gas formations.							
	Oil, Gas or Water Records		. ,		face, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		Surface 5	4 1/2"		3725	150 Sacks Cement	
		Production	8 5/8"	1	437'	300 Sacks Cement	
below ground. Sand on sand, set floor, ri casing at 1800', pull	ised pole, checked off bottom, load pped casing at 22 ed casing to 1340 pulled casing to	ed hole, dug cellar a aded hole with water 210' and 2000', no g D', pumped 15 gel, 5 460', pumped 50 sad	nd pit, , chec ain, co 0 sack	had to dicked hole buldn't lo ks cemen ment, pu	cut casing heads, sand at 3490 cate collar with at 1340', pipulled casing to	d apart and surface off 4' 0'. Bailed 4 sacks cement h knife, had Excel shoot he hung up, had Excel 40', pumped 20 sacks	
Plugging Contractor License #: 31925			Name: _	Quality Well Service, Inc.			
Address 1: 190 US Hw	y 56		Address	2:			
City: _Ellinwood				State: _KS		zip: <u>67526</u> +	
Phone: (620) 727-34	109			_			
Name of Party Responsible for	r Plugging Fees: Laur	ence Schwarm					
State of Lansa	County, _	Liona		, SS.			
Laurence Schwarm (Print Name)				_ Em	ployee of Operator or	Operator on above-described well,	
the same are true and correct	so help me Godh	-				f the above-described well is as filed, and	
Signature: Jay No.	re Schu	arm		3 -	21-14	KCC WICHITA	
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

MAR 24 2014

