

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

KANSAS CORPORATION COMMISSION 1105717
 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 #: 0
 Name: Landowner
 Address 1: 870 Hawaii Rd
 Address 2: _____
 City: Humboldt State: KS Zip: 66748 + _____
 Contact Person: Mike Kepley
 Phone: (620) 433-7196
 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)
Bartlesville Depth to Top: _____ Bottom: _____ T.D. 792
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-001-21626-00-00
 Spot Description: _____
 SW SE NE SE Sec. 23 Twp. 25 S. R. 17 East West
1425 Feet from North / South Line of Section
345 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Allen
 Lease Name: WILLIS Well #: 4
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: 10/19/2012
 Plugging Completed: 10/19/2012

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		surface	6	20	
		production	2	792	

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.

Ran 1" inside 2" to 850ft. Filled and topped off with 28 sacks of cement. Pulled 1" and topped off.

Plugging Contractor License #: 33749 Name: Kepley Well Service, LLC
 Address 1: 19245 FORD RD Address 2: _____
 City: CHANUTE State: KS Zip: 66720 + 5498
 Phone: (620) 431-9212
 Name of Party Responsible for Plugging Fees: Joe Works
 State of Kansas County, Allen, ss. _____

 (Print Name) Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically