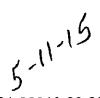
Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Kansas Corporation Commission Oil & Gas Conservation Division

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



Form CP-4 July 2014 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:		API No. 15	API No. 15 - 091-22810-00-00				
Name: Galamba Real Estate			Spot Description:				
Address 1:P.O. Box 24286		<u>SE</u> _	SE_ SW_ NW Sec. 7 Twp. 15 S. R. 25 7 East West				
Address 2:			2,970 Feet from North / V South Line of Section				
City: Overland Park State: _K	s Zip: <u>_66283</u> +		4,290 Feet from East / West Line of Section				
Contact Person: Stephen Galamba		Footages	Footages Calculated from Nearest Outside Section Corner:				
Phone: (<u>816</u>) <u>225-6441</u>			□ NE □ NW □ SE □ SW				
Type of Well: (Check one) 📝 Oil Well 🔲 Gas Well	OG D&A Cathodi	c County:	County: Johnson				
Water Supply Well Other:	SWD Permit #:		Lease Name: Galamba (Metcalf Partners) Well #: 3				
ENHR Permit #: Gas St	orage Permit#:		Date Well Completed: 8 13 2008				
Is ACO-1 filed? Yes No If not, is we	ell log attached? Yes		The plugging proposal was approved on:(Date)				
Producing Formation(s): List All (If needed attach another	•			(KCC District Agent's Name)			
Depth to Top: Bott		i Piliaaina i	Plugging Commenced: 3/27/2015 Plugging Completed: 3/27/2015				
Depth to Top: Bott		— Plugging (
Depth to Top: Bott	om:T.D						
Show depth and thickness of all water, oil and gas form	 -	0 1 5 10 1					
Oil, Gas or Water Records			ace, Conductor & Produ				
Formation Content	Casing	Size	Setting Depth	Pulled Out			
	Surface	7	20				
	Completion	4.500	713	1			
	Completion	4.500		-			
<u> </u>							
				1			
Pumped 50 sks 50/50 POZ mix ce PSI, shut in casing.		r sck & 18#		ills, pressured to 1500			
	•			,			
	MAY 1 1 20						
	RECEIV						
Plugging Contractor License #: 33961	Name: Conso	lame: Consolidated Oil Well Service LLC					
Address 1: 1322 S. Grant	Address 2: PC	ddress 2:					
city:Chanute	State:	Kansas	Zip: <u>66720</u> +				
Phone: (620) 431-9210							
Name of Party Responsible for Plugging Fees:G	alamba Real Estate						
State of Kansas County,	Johnson	, ss.					
orane of the country,		•	.				
(Print Name)	<u> </u>	•		Operator on above-described well,			
being first duly sworn on oath, says: That have knowle the same are true and correct, so help me God. Signature:	edge of the facts statements, a		ntained, and the log o				

Mall to: KKCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513



2534/NIV

TICKET NUMBER 50867
LOCATION WALLE IS

FOREMAN Casey Kenned

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

620-431-9210 c	y 8 00-467-8676			CEME	TV			
DATE	CUSTOMER#	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER	1638		Partners	#3	1111 F	14	25	<u>ال</u>
Balbu	Well Sen	sice		ı.	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE					129	Costen	1 Setietr	Machine
POB	ox 352				467	Keilar		, ,
CITY		STATE	ZIP CODE	1	548	Brosir	/	
Osawolo	mie	K2	66066	}	475	KeiDest		
JOB TYPE_PIL	-	HOLE SIZE		HOLE DEPT	H	CASING SIZE & Y	VEIGHT 42	<u> </u>
CASING DEPTH		DRILL PIPE	-	_TUBING			OTHER	
SLURRY WEIGHT	T	SLURRY VOL_		WATER gal	sk	CEMENT LEFT In		<u></u>
DISPLACEMENT,		DISPLACEMEN	IT P8L	MIX PSI		RATE 3 be	UA .	
REMARKS:	1 saloty	meeting	restablish	ned rate	a wixed	l taxues of	50 sks 3	so Parwin
ment	W 67	ool pers	k 1	F# CX	lansoned the	1/s pressur	-d to 15	20 PSY
	rest res.	, ,						
		•						
							1/)	
ACCOUNT CODE	YTINAUD	or UNITS	DE	SCRIPTION C	of SERVICES or I		UNIT PRICE	TOTAL
SYOTA		·	PUMP CHARG)E		<u>. '</u>	370,00	
5406		lace	MILEAGE		<u></u>			
5407	15 m	<u> </u>		<u> i leage</u>			73-UC	
2005C	1 hrs		80	the _			60.00	
					truck	<u> </u>	543.60	
					-70	2%	54.36	
						subtatel	<u> </u>	489.24
1124	50	sks	19/50 Yo	zu in c	erneut	<u></u>	235.00	
1183	252	#-	Gel				55.44	
	18	#=		ged He	.//•		8.28	
1105		<u> </u>	CARONS	CED IIV	mater	-/-	628.72	
	· -			·		570	121.62	
	· —		K	CC WIC	HITE S	Substatal	1	444.10
						30030104		
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				RECEIV	/ED	 	 	
 			 	8 #F Y F Y			<u> </u>	
 			 -	<u> </u>				
		11	 			7.275%	SALES TAX	32.47
Ravin 3737	7/1		-L			T. 7.7.1.12	ESTIMATED	
	1111111						TOTAL	1006 42
AUTHORIZTION	TA BIBU			TITLE			DATE	1229.43)

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.