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

Signature: _

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

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

0544/5:				121 20527 00 01		
OPERATOR: License #: 8544 (Expired) Name: C&R Well Service, a General Partnership				API No. 15 - 121-20527-00-01		
•				Spot Description: NWNENESec. 13Twp. 16S. R. 21		
Address 1: 302 W. 9th Address 2:						
City: Garnett State: KS_ Zip: 66032 +						
Contact Person: Richard Herman						
Phone: (785_) 448-3345						
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic						
Water Supply Welt Other: SWD Permit #:						
✓ ENHR Permit #: E-25928 Gas Storage Permit #:				Date Well Completed:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on:(Date)		
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)		
Depth to Top: Bottom: T.D				i Piudana Commencea:		
Depth to Top: Bottom: T.D				Plugging Completed:		
Depth to	Top: Bott	om:T.D				
Show denth and thickness of a	all water oil and gas forn	pations				
Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casin			Casing	Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
		Surface	6.250)	20	
		Production	2.875	50	660	
						,
,						1
cement or other plugs were us	ed, state the character of	of same depth placed from (both	tom), to Remo	(top) for each	ı plug set.	ods used in introducing it into the hole. If
		NOV 14 2016				
		RECEIVED)			
Plugging Contractor License #: 6084			Name: McMullin, Douglas			
Address 1: 4397 K68			Address 2:			
City: Wellsville			State: KS zip: 66092+			
Phone: (785) 883-43	343			_	A NOTAR	Y PUBLIC - State of Kansas
Name of Party Responsible fo	r Plugging Fees:	Richard Herman				LESLI BAKER
State of Tausas	County,	Migani		, ss.	My Appt. Exp. L	0-14 20 18
15/6hARP	IFER (Print Name)	4NN		_	ployee of Operator or	Operator on above-described well,
being first duly ewern on oath,	says: That I have knowledge help more	edge of the facts statements, a	nd matte	ers herein con	ntained, and the log of	the above-described well is as filed, and

Wax, Cy