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
July 2014
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 #: 34315				API No. 15 - 15-109-20898-00-00			
Name: Kansas Oil Resources LLC				Spot Description:			
Address 1: 11944 W 95th St, STE 222				<u>SW_SW_SW_Sec. 15_</u> Twp. 12_S. R. 32East \(\sqrt{\sqrt{West}} \)			
Address 2:							
City: Shawnee Mission State: KS Zip: 66215 +							
Contact Person:Company_defunct				Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				NE NW SE ✓SW			
Type of Well: (Check one) Oil Well Gas Well GG D&A Cathodic				County: Logan			
Water Supply Well Other: SWD Permit #:				Lease Name: Younkin Well #: 2 Date Well Completed: 4/11/2010 The plugging proposal was approved on: 12/22/2016 (Date) by: Case Morris (KCC District Agent's Name)			
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)
Depth to Top: <u>4002</u> Bottom: <u>4676</u> T.D. <u>4729</u>							Plugging Commenced: 12/22/2016 Plugging Completed: 12/22/2016
Depth to Top: Bottom: T.D							
Depth to Top: Bottom:T.D							
Show depth and thickness	ss of all water, oil and gas	formations.					
Oil, Gas or Water Records Cas				ng Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		Surface	8.625	5	236	0	
		Production	5.5		4727	0	
			5.5	·	4/2/	0	
			l				
Pumped 100 sy followed by 270	c 60/40 4% gel c sx cement. Max	er of same depth placed from (bot ement with 400# hulls x pressure 750#. Pres ervice for equipment.	dow	n 5 1/2"	casing follow		
						JAN 30 2017	
					•	RECEIVED	
Plugging Contractor License #: 33612 Nam				Wildca	t Well Service	WEOFIAED.	
Address 1: <u>P.O. Bo</u>	x 961		Address	3 2:	<u>.</u>		
City: Hays				_ State:_ <u>K</u>	S	zip: <u>67601</u> +	
Phone: (<u>785</u>) <u>72</u>	8-2040		_	_			
Name of Party Responsi	ble for Plugging Fees:R	ton Geist					
State of Kansas County, Logan				, ss.			
Mow Geist (Print Name)				Employee of Operator or Operator on above-described well,			
being first duly sworn on	oath, says: That I have kn	owledge of the facts statements, a	nd matte	rs herein co	ntained, and the log o	f the above-described well is as filed, and	
the same are true and o	prrect, so help me God.						
Signature:	ty me						