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 #: 6523 Name: Kermit Schmidt and Tracy Schmidt Address 1: 308 Westlane Road Address 2: City: McPherson State: KS Zip: 67460 + 9544 Contact Person: Tracy Schmidt Phone: (620) 755-8372 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: Gas Storage Permit #: ENHR Permit #: Gas Storage Permit #: Storage Permit #: Battom: Depth to Top: Bottom:				NW Sec.22 Twp.21 S. R. 3 East West			
Oil, Gas or Water Record Formation Conte	Oil, Gas or Water Records Formation Content Casing			ing Record (Surface, Conductor & Production) ze Setting Depth Pulled Out			
Describe in detail the manner in which cement or other plugs were used, state Plugging was done according Ralph Tittle was the KC was the person who did feet of casing recovered	e the character of s ording to rul C represent the pluggin	d, indicating where the mud same depth placed from (bott es and regulations ative that was on l g. He no longer q	tom), to (to of the location ualifie	op) for each Kansa In when s as a p	plug set. is Corporatio the well was plugging cont	n Commissior s plugged. Do	n. Mr. oug Ward was 2100
Plugging Contractor License #:			Name: _			MEDEIVED	
Address 1:			Address 2	2:			
City:				State:		Zip:	+
Phone: ()							
Name of Party Responsible for Pluggin State of Alonko Evm. L Schr being first duly sworn on oath, says: Ti the same are true and correct, so help Signature:	ng Fees: _Kerm County, _ (Print Name) hat I have knowlede	it Schmidt Y] 1 ^(cy) kerson		, ss. Emp	oloyee of Operator or	Operator on ab	ove-described well,