

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
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 3988
Name: Slawson Exploration Co., Inc.
Address 1: 204 N Robinson, #2300
Address 2: OKC
City: OK State: 73102 Zip: OK +
Contact Person: Steve Slawson
Phone: (405) 232 0201
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)

Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 193-20822-00-00
Spot Description: _____
SW NE, NE, SE Sec. 22 Twp. 10 S. R. 34 East West
2,070 Feet from North / South Line of Section
390 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Thomas
Lease Name: James BF Well #: 1
Date Well Completed: 10/1/11
The plugging proposal was approved on: 9/30/11 (Date)
by: Rick Williams (KCC District Agent's Name)
Plugging Commenced: 10/1/11
Plugging Completed: 10/1/11

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	4 5/8	313	0

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.

Plugged w/220 sx 60/40 Poz w/4% gel as follows: 25 sx @ 2718', 100 sx @ 1695', 40 sx @ 365', 10 sx @ 40', 45 sx in rathole and mousehole.

Plugging Contractor License #: 99996 Name: Allied Cement Company
Address 1: 612 N Clay Ave Address 2: _____
City: Medicine Lodge State: KS Zip: 67104 +
Phone: (620) 793 5861
Name of Party Responsible for Plugging Fees: Slawson Exploration Co., Inc.
State of OK County, OK, ss.
Steve Slawson Employee of Operator or Operator on above-described well,
(Print Name)

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.
Signature: _____

RECEIVED
NOV 09 2011
KCC WICHITA

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