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

WELL LUGGING RECORD

OPERATOR: License #: 6039				API No. 15 - 185-22100-00-00			
Name: L.D. Drilling, Inc.				Spot Description: W/2 SE NE SE			
Address 1: 7 SW 26th Avenue				_ _ _ _ _ _ _ _ _			
Address 2:				1.650- 1692-Feet from North / South Line of Section			
City: Great Bend State: KS zip: 67530 +							
Contact Person: L.D. Davis Phone: (620) 793-3051				Footages Calculated from Nearest Outside Section Corner:			
				NE NW SE SW			
Type of Well: (Check one) Oil Well Gas Well GG D&A Cathodic Water Supply Well Other: SWD Permit #:				County: Stafford			
Water Supply Weii Giner: SWD Permit #: SWD Permit #: Gas Storage Permit #:					_	Well #	
Is ACO-1 filed? Yes No If not, is well log attached? Yes				Date Well Completed:			
Producing Formation(s): List All (If needed attach another sheet)				by: Richard Lacey (KCC District Agent's Name)			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D.				Plugging Commenced: 10-18-11 Plugging Completed: 10-19-11			
Depth to Top: Bottom:D				Plugging Completed: 10-19-11			
		<u> </u>	<u> </u>	<u> </u>			
Show depth and thickne	ess of all water, oil and ga	s formations.					
Oil, Gas or Water Records				sing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
			_8-5/8	"	341'	None _	
			5-1/2	ın	3637'	None	
\ -			3-1/2		3037	None	
ļ							
Plugged off bo 60/40 pos, 4%	ttom with sand t	o 3350' and 5 sacked to surface. Tied	s cemen	t. Ran 2	" tubing to 60		RECEIVED
							NOV 1 0 201
Plugging Contractor License #: 31529				Mike's	Testing & Salv	vage, Inc.	KCC WICHIT
Address 1: P.O. Bo	ox 467	·	Address	3 2:			
City: Chase				State: Kansas zip: 67524 + 0467			
Phone: (620) 93				_			
Name of Party Respons	ible for Plugging Fees: _	D. Drilling, Inc.					
State of Kansas	Co	_{unty,} Rice		, SS.			
Mike Kelso (Print Name)				Employee of Operator or Operator on above-described well,			
being first duly sworn on the same are true and c	oath, says: That I have k	nowledge of the facts statemen			itained, and the log o	of the above-described	well is as filed, and
Signature:	nic 70				<u></u>		