

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

the same are true and correct, so help me God.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## 1049948

Form CP-4
March 2009
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 #:				API No.	15			
				Spot De	escription:			
Address 1:					Sec T	wp S. R	East West	
Address 2:					Feet from	North / Sou	th Line of Section	
City:				Feet from East / West Line of Section				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )					□ NE □ NW □	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	dic	County				
Water Supply Well	Other:	SWD Permit #:		County: Well #:				
ENHR Permit #:		storage Permit #:		Date Well Completed:				
s ACO-1 filed? Yes	No If not, is w	ell log attached? Yes		The plugging proposal was approved on: (Date)				
Producing Formation(s): List					ggg p. op oca. 11 ao app.			
		tom: T.D						
Depth	to Top: Bot	tom: T.D			g Commenced:			
Depth		tom:T.D		Pluggin	g Completed:			
·	•							
Show depth and thickness of	f all water, oil and gas for	mations.						
Oil, Gas or Wate			Casing Re	ecord (Si	urface, Conductor & Produ	uction)		
Formation	Content	Casing Size		Setting Depth Pulled Out				
Tomaton	Contont	Guoning	- CIEG		Cotting Dopan	T dilod Odt		
	. ,	gged, indicating where the muc of same depth placed from (bo						
Plugging Contractor License #: Na			Name:					
Address 1:			Address 2	:				
City:				State: _		Zip:	+	
Phone: ( )								
Name of Party Responsible f	or Plugging Fees:							
State of	Countv	,		, SS.				
					implement Or seets	On on the same to	ua dagadh - I 0	
	(Print Name)			E	Employee of Operator or	Operator on abo	ve-described well,	

Submitted Electronically

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

Dec 10 10 09:24a

Consolidated Oil Well Ser

1 785 672 8899

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Wid.s Ja TICKET NUMBER 27953
LOCATION Ockforks
FOREMAN Work A

LO ROX	884,	Chanul	le, KS	66720
820-431	-9210	OF BO	D-467	0676

## FIELD TICKET & TREATMENT REPORT

	or 600-467-867	6		CEMEN.	T			
DATE	CUSTOMER#	W	ELL NAME & NU		SECTION	TOWNSHIP	RANGE	COUNTY
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USTOMER	Dele C.	/ <del></del>		There is			79	Lhess
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CODE	QUANITY	F UNITS DESCRIPTION of SERVICES OF PRODUCT				ODUCT	UNIT PRICE	TOTAL
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	11110	() A	enates:				TOTAL	4244 93
THORIZMON	Cake X	reach	unter:	TITLE	_	'n	PATE	

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.