

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

1049949

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 #:			APIN	No. 15				
Name:				Description:				
Address 1:				Sec T	ſwp S. R East West			
Address 2:				Feet from	North / South Line of Section			
City:	State:	Zip:+						
Contact Person:			Foota					
Phone: ()				NE NW	SE SW			
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi SWD Permit #: rage Permit #: log attached? Yes	Leas Date	County: Well #: Well #: The plugging proposal was approved on: (Date				
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC District Agent's Name)			
		m: T.D						
Depth to	o Top: Botto	m: T.D	1					
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:				
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
cement or other plugs were us			•		ods used in introducing it into the hole. If			
Plugging Contractor License #	#:		Name:					
Address 1:			Address 2:					
City:			State	:	Zip:+			
Phone: ()								
Name of Party Responsible fo	or Plugging Fees:							
State of	County		. 88					
				Franksis of Orest	Operator on alternative to the			
	(Print Name)			Employee of Operator or	Operator on above-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



TICKET NUM	BER 28687
LOCATION_	Dakler Ka
FOREMAN_	Walt Dinkel

O Box 884, Chanute, KS 66720	FIELD TICKET & TREATMEN
20-431-9210 or 800-467-8676	CEMENT

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STATE ZIP CODE					£.5				
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DATE_ I acknowledge that the payment terms unless specifically emended 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.

TITLE