

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

1054112

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. 1	5			
Name:				cription:			
Address 1:				Sec To	wp S. R	_ East West	
Address 2:				Feet from	North / Sou	uth Line of Section	
City:	State:	Zip:+ +		Feet from	East / We	st Line of Section	
Contact Person:			Footages	Calculated from Neare	est Outside Section C	orner:	
Phone: ()				NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c County				
Water Supply Well C	Other:	SWD Permit #:	l .	me:			
ENHR Permit #:	Gas Sto	rage Permit #:		Completed:			
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes		ing proposal was appr			
Producing Formation(s): List A	All (If needed attach another	sheet)	by:		(KCC Di :	strict Agent's Name)	
Depth to	Top: Botto	m: T.D	Plugging (Commenced:			
Depth to	Top: Botto	m: T.D	""	Completed:			
Depth to	Top: Botto	m:T.D		o o mproto a r			
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	Records		Casing Record (Surf	g Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us	. 00		•		ds used in introducing	g it into the hole. If	
Plugging Contractor License #	t:		Name:				
Address 1:			Address 2:				
City:			State:		Zip:	+	
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _		, ss.				
			Em	ployee of Operator or	Operator on abo	ove-described well,	

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.

TICKET NUMBER LOCATION OAKE FOREMAN KevIN MECOY

Box 884, Chanule, KS 65720	FIELD TICKET & TREATME
D-431-9210 pr 800-487-8676	CEMENT AA

431-9210	or 800-487-86 76	• •	CEMENI	APT 15-	063-21881		KJ.
DATE	CUSTOMER#	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
-11-11	5659	JLT 1-10	JLT 1-10		753	27W	Gove
STOMER		·	H	TRUCK#	DRIVER	TRUCK#	DRIVER
MULL DRILLING COMPANY INC.						TROOK!	
				463	Kelly G.		
1700 N.	WATER FRONT	+ PKWY Bidg 1200		439	Jash 6.	_	ļ
ITΥ		STATE ZIP CODE					
Wichit	a	K5 62806	l [<u> </u>
DB TYPE P-		HOLE SIZE 7 %	HOLE DEPTH	4340	CABING SIZE A	WEIGHT	
ASING DEPT		DRILL PIPE 4/6	TUBING	•		OTHER	
			WATER gallsk	skCEMENT LEFT in CASING			
ISPLACEMEN	· · · · · · · · · · · · · · · · · · ·	DISPLACEMENT PSI	MIX PSI		RATE		
		D + 414	2011	2/		Follows.	•
EMARKS:	FRIT ITEET	g: Rig up to 4%	vales pipe	- 1149gm	y Onother		
		25 sm @ 18	10		-		
		100 55 @ 8					
		40 str @ 20	88 [*]				
		10 SES @ 4	lo' w/ wood	EN Pluy			

ACCOUNT CODE	QUANTY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 M	1	PUMP CHARGE	1250-00	1250.00
5406	40	MILEAGE	5.00	200-00
1131	205 SKS	60/40 POZMIX Comerit	14.35	2941.75
11/8 8	700 #	Gel 42	. 24 *	168-00
1/07	50	Florek.	2.66 **	133.00
5407	8.82 Tous	40 miles Buck Delv.	1.58	557,42
4432	4 .	878 Wooden Plag	76.00	96.00
		239962		
			Sub Total	5356.17
			1855 Zo %	1069.23
		THANK YOU	SALES TAX	243 73
n 3797		10 -4	ESTIMATED TOTAL	4570.6
THORIZTION_	MATH TIME	TITLE Tool pusher	DATE	

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