

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

1058773

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 -						
Name:					Spot Description:						
Address 1:					Sec Twp S. R East West						
Address 2:					Feet from North / South Line of Section						
City:					Feet from East / West Line of Section						
Contact Person:					Footages Calculated from Nearest Outside Section Corner:						
					☐ NE ☐ NW ☐ SE ☐ SW						
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic C	County							
Water Supply Well	SWD Permit #:		Lease Name: Well #:								
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)							
Producing Formation(s): List	All (If needed attach another	sheet)	b	oy:		(KCC District Agent's Name)					
Depth to	o Top: Botto	m: T.D	_	Dluggir	na Commenced:						
Depth to	o Top: Botto	m: T.D		Plugging Completed:							
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.						
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Wate	r Records		Casing Red	ord (S	urface, Conductor & Produc	ction)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for ea	ach plug set.						
Plugging Contractor License #:											
Address 1:		· · · · · · · · · · · · · · · · · · ·	Address 2:								
City:			S	state: _		Zip:+					
Phone: ()											
Name of Party Responsible for	or Plugging Fees:										
State of	County, _			, SS.							
(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

						_	-
a	CONSCLEDATE	D e			TICKET N	UMBER	28025
PO Bounds	,	-			LOCATION		Lay KK
620-431-82	14, Chanute, KS 66720 210 or 800-467-8676	FIELD TICK	ET & TREA	TMENT DE	FOREMAN	- Weil	E Donkal
DATE	CUSTOMER#			IT VINDEN I REF	ORT	_	
5-1-1	1 COSTONER #	WELL NAME & NUI	VIBER	SECTION	7011111		Ks
CUSTOMER	1 5659 H	BW wint	1-23		TOWNSHII	RANG	E COUNTY
l m	111 111 0			23	215	22	Hodowa
MAILING AD	DRESS		4 .	TRUCK#	DRIVER	TOUGH	
Clina				463	-	TRUCK	# DRIVER
CITY	STATE	ZIP CODE	-	439	Danze		
L			1 1			- Fullar	
JOB TYPE_	PTA -O HOLESI	ZE_ 77/8	<u> </u>				
Casing Dep	THDRILLE	PE 4% XH	HOLE DEPTH		CASING SIZE &	WEIGHT	
GLURRY WEI		r= <u>-7/2 X/f-</u>	TUBING			OTHER	
DISPLACEME		EMENT PSI	WATER gallek		CEMENT LEFT	in CARING /	
REMARKS:			MIX PBI	 i	RATE_	11 Cotoling 1	- · · ·
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50-	SKS 0 1440						
165-				_			
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20-							
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ACCOUNT	A 111				Mark	You_	
CODE	QUANITY or UNITS	DESC	RIPTION of SE	RVICES or PRODU	Watt		
5405N		PUMP CHARGE		CALOF OL LYON	JCT	UNIT PRICE	TOTAL
5401	25	MILEAGE				1,2000	12500
131	275	69//				500	12,500
11183	948	6940 poz	, t			1435	3.946.25
1107	69	- LIGHTONI	9				
4432		Florson				124 266 9609 157	2275
5407	11.83	1-85/2 Tou wil	Phie			3,00	183 <u>54</u> 96 <u>00</u>
	1465	Tou wil	cece Do	line -		157	76.00
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			2111170				
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				5 15% T	الحد		94433
3787							235/23
					s	ALES TAX	282.00

AUTHORIZATION

AUTHORIZATION

I scknowledge that the payment farms, 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.