

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

1058775

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	o. 15	
				escription:	
Address 1:				Sec Tv	vp S. R East West
Address 2:				Feet from	North / South Line of Section
City:	State:	Zip:+		Feet from	East / West Line of Section
Contact Person:			Footag	es Calculated from Neare	est Outside Section Corner:
Phone: ()				NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County	<i>.</i>	
Water Supply Well	Other:	SWD Permit #:	1		Well #:
ENHR Permit #:	Gas Sto	orage Permit #:			
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1		oved on: (Date)
Producing Formation(s): List	All (If needed attach another	r sheet)			(KCC District Agent's Name)
Depth to	o Top: Botto	om: T.D			
Depth to	o Top: Botto	om: T.D	Plugging Commenced: Plugging Completed:		
Depth to	o Top: Botto	om:T.D	Fluggii	ig Completed	
Show depth and thickness of	all water, oil and gas forma	ations.			
Oil, Gas or Wate	r Records		Casing Record (S	Surface, Conductor & Produc	ction)
Formation	Content	Casing	Size	Setting Depth	Pulled Out
ement of other plugs were u	seu, state the Character Of	same depth placed from (bot	копт, ко (кор) тот е	acii piug set.	
Address 1:			Address 2:		
•					Zip:+
Phone: ()					
Name of Party Responsible for	or Plugging Fees:				
State of	County, _		, SS.		
	(Drint Mana)			Employee of Operator or	Operator on above-described well,
	(Delect Messes)			r, - 5 5. Spoidtoi 01	

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 NUMBER LOCATION C イカイを 正今 28076

FIELD TICKET & TREATMENT REPORT CHMENT FOREMAN

R 6- 854 M

W. 20 6

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PO Box 884, Chanuba, KS 86720		FIELD TICKET & TREATMENT REPORT	ORT	12 E 854 N	SESSAN MICOS
DATE CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COLNIC
5-20-11 5659	HI-1 & 1mo &	- L	N N		الما الما
CUSTOMER		>50			
1000000	۲.	TRUCK#	DRIVER	TRUCK#	DRIVER
REAL TOTAL SECTION OF THE SECTION OF	<u>v</u>	5-RAX 463	JOSK G		
		Me 558	Chad 5		
S	STATE ZIP CODE (
		7 9			
JOB TYPE FT VA H	ı	HOLE DEPTH 4500	CAGING BIZE & WEIGHT	THOI	
CASING DEPTH D	DRILL PIPE 4172 TUBING	NG	_	OTHER	
SLURRY WEIGHT, 14.72 S	SLURRY VOL 1. 4 0 WAT	WATER gallak ()	CEMENT LEFT IN CASING_	ASING	
	DISPLACEMENT PSI MIX PSI		RATE		
1	1300 02 MC76	* *	からしかみ	♥ C 3	
SOSEC @ 1280) 			,	
80 5F3 @ 60	600'				
20 222 B	7.50°				
10 24. G V	80,			į	
20 5x5 mt	Ì				
RH 30	305K5				
	Thanks Tuzz va	F. D. C++ C			
		ı			

AUTHORIZTION CX ACCOUNT CODE SHOTA 2006 4432 107 C1 8117 113 QUANITY or UNITS 0.75 Jans 098 りかん 6 W Ħ. MILEAGE PUMP CHARGE 8518 Ton Milvage Berton 0 07 DESCRIPTION of SERVICES or PRODUCT 200 109 n りょいつやっ 105 265.6 589 200 2:50 SALES TAX
ESTIMATED
TOTAL 5000 5 UNIT PRICE 1 3 5 H 28.5 e $\boldsymbol{\tau}$ 49783 22.25 W 5857 16758 206 3587 1250 \$ 31.5 3 73462 スだ 256.94 TOTAL 0 40

I 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.

DATE