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** 

1060060

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## 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: State: Zip: +	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   Cathodic     Water Supply Well   Other:   SWD Permit #:   SWD Permit #:   SWD Permit #:     ENHR Permit #:   Gas Storage Permit #:   Gas Storage Permit #:   Is ACO-1 filed?   Yes   No     Is ACO-1 filed?   Yes   No   If not, is well log attached?   Yes   No     Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Pl

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)		tion)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:	. Name:				
Address 1:		Address 2:					
City:		State:	Zip:	+			
Phone: ( )							
Name of Party Responsible for Plugging	J Fees:						
State of	County,	, SS.					
	(Print Name)		f Operator or Operator on a				
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d wall is as filed and			

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.

## Submitted Electronically

15 16:11 CONSOLIDATED 620583	7901 >>			P 8/11
OIN Well Services, LLC 2420		TICKET NUME LOCATION <u>F</u> FOREMAN	reka	<u>1353</u>
PO Box 884, Chanute, KS 66720     FIELD TICKET & TRE       620-431-9210 or 800-467-8676     CEME       DATE     CUSTOMER #     WELL NAME & NUMBER	ATMENT REP	PORT	CK Leathia	
7-12-11 4950 Ragging He	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER PLANA Patralana Tai				Geary
1331 Xula Dd	TRUCK #	DRIVER	TRUCK #	DRIVER
CITY STATE ZIP CODE	429 437	JP Jim		
JOB TYPE 0, 7.4 0 HOLE SIZE HOLE DEPT CASING DEPTH 1955 DRILL PIPE TUBING	ГН <u>/955</u> ́	CASING SIZE & WI		
SLURRY WEIGHT Y # SLURRY VOL WATER gal   DISPLACEMENT DISPLACEMENT PSI MIX PSI	/sk_7.	CEMENT LEFT in C	OTHER CASING	
REMARKS: Safety meeting - Rig , to 41/2" casing Mixed 140 sx's 60/40 Poznix cempt - 1470 rd	Establish	late @ 2	BPM P	200 PSI.
pipe. Mixed 75 SES comment, pulled 1" out Vacuum. Used 35 SKS Comments.		. Well pressur "I" pipe bet ff inside tou		

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
SYOSA	1	PUMP CHARGE		IUIAL
5406	80	MILEAGE	655.00	655.00
			4.00	320.00
1131	250 SK1	100/40 Rozmix comment		
IIIRA	860ª	49% ge)	11.95	2987.50
			.20	172.00
SHOTA	10.25	ton mileage built the	1.26	10.02
66024	0.		1.20	1083.60
55026	9 hs	80 Bbi vac. TRK	90.00	810.00
//23	3000 gols	city water	15.60 JUARD	46.81
		<u> </u>		
		16	Subtatal	6074.90
3737		<u> // ///</u>	SALES TAX	342.08
			ESTIMATED	
HORIZTION		TITLE	TOTAL	6314.98

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