

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

1061646

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 Tw	/p S. R East West				
Address 2:				Feet from North / South Line of Section						
City:				Feet from East / West Line of Section						
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()					NE NW SE SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County						
Water Supply Well	Other:	SWD Permit #:		-		: 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 A	All (If needed attach another	sheet)	b	y:		(KCC District Agent's Name)				
Depth to	o Top: Botto	m: T.D	_	Pluggin	na Commenced:					
Depth to	o Top: Botto	m: T.D								
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 Water Records			Casing Rec	ecord (Surface, Conductor & Production)						
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	tate:_		Zip:+				
Phone: ()										
Name of Party Responsible for	or Plugging Fees:									
State of	County, _		,	SS.						
	(Print Name)			E	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 number 28056 LOCATION Oakley FOREMAN Kelly Gabel

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

U-431-3210 t	01 000-407-0070)		CEMEN						
DATE	CUSTOMER#	WELL	NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY		
1-4-11	-4-11 5659 Jeb 1-6		0		6	175	23W	Ness		
JSTOMER	0-1		,	44283	Tr	T		1,000		
Mull Orly, MAILING ADDRESS				5CT	TRUCK#	DRIVER	TRUCK#	DRIVER		
WAILING ADDITESS				351/40	463	Miles 5				
CITY STATE		ZIP CODE	Nimo	52847127	Damon M					
		0.7.112	Zii GODE	,						
DE TYPE OT	2 ^	HOLE SIZE_7	1/16	J	1 (1:00	CACING SIZE 8 V	VEIGUE	<u> </u>		
			TUBING_		14/600	CASING SIZE & V	CASING SIZE & WEIGHTOTHER			
		SLURRY VOL				CEMENT LEFT in CASING				
			SPLACEMENT PSI				*			
REMARKS: Safety Meeting Ci						The state of the s	Ou.Mned	COMP		
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150' - 8	The state of the s	8								
575/-										
The second secon	505KS									
	205K5					,				
	305K5									
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	f SERVICES or PI	UNIT PRICE	TOTAL			
5401			PUMP CHARG	E			125000	125000		
5406	20)	MILEAGE				500	1000		
1131	280	DSKS	60/40	POZ CE	ment	1452	406500			
11128	95	C - 45		ite	.24	227				
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				999		2000 15/1	wecount	52 015		
				299		6,3%	SALES TAX	52015		

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.