

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

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 De	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:			Footage	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				NE NW SE SW County: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (KCC District Agent's Name)				
Type of Well: (Check one)	Oil Well Gas Wel	I OG D&A Cath	odic County:					
Water Supply Well	Other:	SWD Permit #:	I '					
ENHR Permit #:	Ga	s Storage Permit #:	Lease N					
Is ACO-1 filed? Yes	No If not, is	s well log attached? Yes						
Producing Formation(s): L	ist All (If needed attach an	other sheet)	' '					
Dept	th to Top: I	Bottom: T.D						
Dept	th to Top: I	Bottom: T.D	""					
Dept	th to Top: I	Bottom: T.D	Pluggino	g Completed:				
Show depth and thickness	of all water, oil and gas	formations.						
Oil, Gas or W	ater Records		Casing Record (Su	rface, Conductor & Prod	duction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		Jana G		3 47				
		olugged, indicating where the mer of same depth placed from (•					
Plugging Contractor Licen	se #:	Name:						
Address 1:		Address 2:	ddress 2:					
City:			State:		Zip:	+		
Phone: ()								
Name of Party Responsibl	e for Plugging Fees:							
State of	Cou	nty,	, SS.					
			F	mplovee of Operator of	or Operator on	above-described well,		
	(Print Nan			, 1,111.000.000				

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 28121 LOCATION Oakley FOREMAN Kelly Gabel

PO Box 684, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-21-11	5659	Penkau	れて神	1-19	- 19	17	18	Lane	
USTOMER	Mill	Dela			TRUCK#			gar a sara ya da J arag	
AILING ADDRE	SS	~		†	399	Miles 5	TRUCK#	DRIVER	
					466 OF T129	Damon M		 	
ITY		STATE	ZIP CODE	1	100 (12)	Dullion 74			
•		J							
OB TYPE 7	TA	HOLE SIZE	77/8	_ Mole Depth	4620	CASING SIZE & V	VEIGHT		
asing Depth	···-	DRILL PIPE		_TUBING			OTHER		
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk CEMENT LEFT			n CASING		
SPLACEMENT		DISPLACEMENT				RATE			
MARKS: S C	1texx_W	le e + ; vi	3-0783	ied US	5 37 DV	Ke De; 11	ing Rig	# 7	
<u>ሊ፣ </u>	cement	plugs	displace	39 40 10	D- Clear	ned out	Pump I	ines.	
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<u>505k5(</u>		305KS						 -	
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505 KG 6	_				•			.,,	
205456									
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						11 P CZE			
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PRO		UNIT PRICE	TOTAL	
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5406	3.5		MILEAGE	<u>-</u>	٠	-	7 00	175 2	
1131	3005			Pozm	ix		14 35	430500	
11188			Bento				124	247 68	
1107	<i>1032</i>	1	Floses		···	· · · · · · · · · · · · · · · · · · ·	266	19950	
4432				opden	Plua	· · · · · · · · · · · · · · · · · · ·	9600	7600	
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13737				2436	o43 I	0.3%	SALES TAX	_ 259 6	
• ·	000	anchen					ESTIMATED	10000	
	//I/ N//	1 0					TOTAL	6198.14	

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.