

**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

## 1065130

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 Spot Description:									
										SecTwp S. R EastWest Feet from North / South Line of Section				
					City:									
					Contact Person:			'	Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW  County:  Lease Name: Well #:  Date Well Completed:  The plugging proposal was approved on: (KCC District Agent's Name)  Plugging Commenced:  Plugging Completed:					
Phone: ( )														
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic											
Water Supply Well	Other:	SWD Permit #:												
ENHR Permit #:	Gas Sto	orage Permit #:	— I ,											
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes												
Producing Formation(s): List	All (If needed attach another	r sheet)												
Depth to	o Top: Botto	m: T.D	,											
Depth to	·	m: T.D	— I ,											
Depth to	o Top: Botto	m:T.D		00 0	•									
Show depth and thickness of		ations.												
Oil, Gas or Wate	r Records		Casing Re	ace, Conductor & Produc	tion)									
Formation	Content	Casing	Size		Setting Depth	Pulled Out								
		ed, indicating where the mud same depth placed from (bot				Is used in introducing it into the hole. If								
Plugging Contractor License #:														
Address 1:			Address 2:											
				State:		Zip: +								
Phone: ( )														
Name of Party Responsible for	or Plugging Fees:													
State of			, SS.											
(Drint Marra)				Em	ployee 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 28122 LOCATION Oakley FOREMAN Kelly Gabel

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

## FIELD TICKET & TREATMENT REPORT

BADE .	August	<u> </u>		CEMEN				,
DATE	CUSTOMER#	_	L NAME & NUI		SECTION	TOWNSHIP	RANGE	COUNTY
<u>&amp;-22-11</u>	5659	Berny	eck I	-20	20	15 <sup>5</sup>	23 <sup>w</sup>	Trean
CUSTOMER	Mullo	-10		205	TRUCK#		T211014	
AILING ADDRE	88	<u>cide</u>		1/210	3 G G	DRIVER	TRUCK#	DRIVER
				1' -		M. [es 5		
ITY	<u> </u>	STATE	ZIP CODE	1 with	466 6T127	Damon M	<u> </u>	
			" " " " " " " " " " " " " " " " " " "				<del> </del>	
OR TYPE 17	TA	HOLE SIZE	7710	ᆈ	. (1) 32		<u> </u>	ļ
	371					Casing Size & V		
	т	DRILL PIPE					OTHER	-
ISPLACEMENT				_		CEMENT LEFT In	CASING	
		DISPLACEMEN	1 PSI	_ MIX PS[		RATE	- 11 3	* * <del>* * * /</del>
EMPHONS: 5	atery /	MECH !	19 . K.	ageo i	sp en	W&W dr 7km.Wa	<u>: 11:79:</u>	5,8 to
17 146 0	Cemerry	- Dind	id Ois	placed	محب حد	zwn.vo	sned u	D-1-LKCK
711(A) /	UCZ K.	ideo y	MYN.	rett)	07470	$\overline{\mathcal{L}}$		
7 E . L . Z	2 1010		<del></del>					·
25.2420 62		<del>-</del>		· · · · · · · · · · · · · · · · · · ·				
acisks 6								
-10545 G								
<u>10545 &amp;</u>			<del></del>			. 0	<u> </u>	
305K5	RH					anbo		-
ACCOUNT			1		•	ly a cre	w-	
CODE	QUANITY	or UNITS	D	ESCRIPTION of	SERVICES or PR	тэйаст	UNIT PRICE	TOTAL
5405N			PUMP CHAR	GE			125000	125000
5406	15		MILEAGE				500	7500
5407	क्र. क्षी		TonM	loage	delivery	Min	198	41000
1)31	205	545		POZ	· · · · · · · · · · · · · · · · · · ·		14/35	294175
11183	7053		i -	Aite	<del>-</del>		. 74	169 20
1107	:51,2		E10-5				266	13629
4432	1				n Plug		96 20	9600
	<u> </u>			<del>0000,000</del>	11 5192		76	/5
		_						<u> </u>
<del></del> -}								
<del></del>								
<del></del>	<del> </del>			<u> </u>				
				<del></del>				
-								
					·			5079
						JCAD 1592	diac.	76/24
	<u> </u>				s <del>i</del>			4/316 54
In 0707		<u></u>		243691	<u> </u>	6.890	SALES TAX	19325
In 3737							ESTIMATED	45.09 7
ITUODITTION	March F	٥, و ٥, ه			end Dick a	~	TOTAL	<del>_4</del> 561
HUNIZTION_	-1-1000	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		TITLE	cu) Pusher		DATE 8-2	2-1(

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.