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** 

1067233

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 #:	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Pl
Depth to Top: Bottom:T.D	

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
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:	
Address 1:		Address 2:	
City:		State:	Zip: +
Phone: ( )			
Name of Party Responsible for Plugging	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugars an eath source. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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

Q		Ching CA M Viet Co	JEAN D		llidated P.C	REMIT TO Oil Well Sen Dept. 970 D. Box 4346		620/431-9210	MAIN OFFICE P.O. Box 864 hanute, KS 66720 • 1-800/467-8676 Fax 620/431-0012
		•	•	L,	Houstor	n, TX 77210-	4346	J	```
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Part N 1131	lunber		Descript 60/40 PO			•	Qty 130.00	Unit Price 11.9500	
11198			PREMIUM	GEL /	BENTO	IITE	245.00	.2000	49.(
445		NEW WELL					Hours 1.00	Unit Frice 975.00	Tota 975.0
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		* *				
	hanute, KS 66720	FIELD TICKET & TREA	ATMENT REP	ORT		
	or 800-467-8676	CEME	NT API #	15-017-2	0910	
DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNT
10-04-11	1040 1	Berns 1-24	24	215	6E	Chase
USTOMER -	l. E	$\alpha$ $\alpha$			計算能量等級	
AILING ADDR		cates Corp. DRIG	TRUCK #	DRIVER	TRUCK#	DRIVER
1	55 N. mark		<u>445</u> 515	Dave G		
ITY	STA			Calin H	·····	
Wich	ita	KS 67202		ľ	<u></u>	
OB TYPE P.T.		E SIZE 7% HOLE DEPT	гн	CASING SIZE & W	/FIGHT	1
ASING DEPTH		LL PIPE 4/2. TUBING			OTHER	-
		IRRY VOL WATER gal	/sk 7.0	CEMENT LEFT In		
	r Disi	PLACEMENT PSI MIX PSI		RATE SOPM		
EMARKS: $\mathcal{R}$	ig vo to	41/2" Drill pipe and	Set fo	Howing Plu		
		····			<i>⊨</i> ≪	
	# 0 3	3065' with 355Ks				
	#20	310' with 355KS		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	144
	# 3 @ 6	o' to surface 25 sks				
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	<u>15 SKS</u>		· · ·	omplete		
	<u></u>		Shaunon K	Crew 1		
	<u></u>					
	QUANITY or U	Thanks S		Crew 1		TOTAL
CODE 🛬		NITS DESCRIPTION	Shannon K.	Crew 1		
code » 5405 N		NITS DESCRIPTION OF PUMP CHARGE	Shannon K.	Crew 1	975,00	975, a
CODE 🛬	QUANITY or U	NITS DESCRIPTION	Shannon K.	Crew 1		975, a
code > 5405 N 5406	QUANITY or UI / 50	NITS DESCRIPTION OF MILEAGE	Shannon F.	Crew 1	975,00 4,00	975,00 200.00
code >> 5405 N 5406 731	QUANITY or UI / 	NITS DESCRIPTION OF D	Shannon K.	Crew 1	975,00 4,00 11,95	975, a 200.00
code > 5405 N 5406	QUANITY or UI / 50	NITS DESCRIPTION OF MILEAGE	Shannon F.	Crew 1	975,00 4,00	975, a 200.00
code >> 5405 N 5406 731	QUANITY or UI / 	NITS DESCRIPTION OF D	Shannon F.	Crew 1	975,00 4,00 11,95	975, a 200.00
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code > 5405 N 5406 1131 118 B	QUANITY or U / 50 130 5K 5 245 #	HTANKS NITS DESCRIPTION O PUMP CHARGE MILEAGE 6 60/40 Pozmix Gel @ 4%	Shaunon F. It SERVICES or PRI Lement		975,00 4,00 11,95 .20	975,00 200.00 1553.5 49,00
code >> 5405 N 5406 731	QUANITY or UI / 50 /30 5K 5	NITS DESCRIPTION OF PUMP CHARGE MILEAGE 5 60/40 POZMIX Gel @ 490	Shaunon F. It SERVICES or PRI Lement		975,00 4,00 11,95	975,00 200.00 1553.5 49,00
code > 5405 N 5406 1131 118 B	QUANITY or U / 50 130 5K 5 245 #	HTANKS NITS DESCRIPTION O PUMP CHARGE MILEAGE 6 60/40 Pozmix Gel @ 4%	Shaunon F. It SERVICES or PRI Lement		975,00 4,00 11,95 .20	975,00 200.00 1553.5 49,00
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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.

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