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** 

1068692

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

	Spot Description:
Address 1:	
	Fact from North / South Line of Section
Address 2:	
City: State: Zip: +	Feet from East / West Line of Section
Contact Person: Fo	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Water Supply Well Other: SWD Permit #: Le   ENHR Permit #: Gas Storage Permit #: Da   Is ACO-1 filed? Yes No If not, is well log attached? Yes No   Producing Formation(s): List All (If needed attach another sheet) by by Depth to Top: Bottom: T.D. Plu   Depth to Top: Bottom: T.D. Plu	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) py: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:

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:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ( )				
Name of Party Responsible for Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugars an asthe says	That I have be available of the facto	statements, and matters barain contained, and the l	on of the chour departhed	wall in an 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

					TICKET NUMBER 33653			
	il Well Servic					LOCATION	Ockley	Ka
		ويرمشون المرجور				FOREMAN	Walt	
D Box 884, Cha 0-431-9210 or	anute, KS 667 r 800-467-8676	20	ELD TICKE	T & TREA <sup>-</sup> CEMEN	TMENT REP T	ORT		
DATE	CUSTOMER #		LL NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
0-12-11		Side	bottom 1-			165	-23W.	ness
USTOMER M1	Drl. Co			Rauson	TRUCK #	DRIVER	TRUCK #	DRIVER
AILING ADDRES	is street	<del>(</del>	<del>un i i i</del>	Ranson +4It	399	miles S	Vicial	BRITER
				36	528-T127		arker	
ITY		STATE	ZIP CODE	1/25				
	1 - 0	HOLE SIZE	7778		4600'			
ASING DEPTH	•	DRILL PIPE	1111	_ HULE DEPTH _ TUBING	7600	CASING SIZE & V	OTHER	
LURRY WEIGHT		SLURRY VOL			k	CEMENT LEFT in		
ISPLACEMENT_		DISPLACEME	NT PSI	MIX PSI		RATE		
EMARKS: 5	a Fety M.	eating , F	Rig up on	WW-1	6 <sup>#_</sup>	Plug 45	Orclared	
· · · ·		· · · ·						
80 sks					•			
<u>40 SKs</u> 20 SKs	<u>240'</u>					*		
	Sight.							
				·····		` <b>\</b>		
						Thank	You	an burn tanan ar
						- Walt	teron)	۰ •
ACCOUNT CODE	QUANITY	or UNITS	DE	ESCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5405N	1		PUMP CHARG	3E			1.25000	1,2500
5406			MILEAGE				"500	1500
1131	170	5/65						100
		11-	1401	<u>m_</u>			1435	24.395
1118B	584	#	60/40 g				<u>)435</u> 124	24.39 50 140 16
1118B 1107	<u>584</u> 43	# #	Flors	er (			124	24.39 <u>50</u> 140 <u>16</u> 114 <u>3</u> 8
1118B 1107 5407	<u>584</u> 43	#	Flors	er (	Deluse		124 2 <u>66</u> 1 <u>58</u>	24.39 50 140 <u>16</u> 114 <u>38</u> 410 <u>00</u>
1118B	<u>584</u> 43	# #	Flors	er (	Del IVe M Plug		124	24.395
1118B 1107 5407	<u>584</u> 43	# #	Flors	er (	Del Ive n Plug		124 2 <u>66</u> 1 <u>58</u>	24.39 50 140 <u>16</u> 114 <u>38</u> 410 <u>00</u>
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1118B 1107 5407	<u>584</u> 43	# #	Flors	er (	<u>Delive</u> n Plug		124 2 <u>66</u> 1 <u>58</u>	2439 50 140 16 114 38 410 00
1118B 1107 5407	<u>584</u> 43	# #	Flors	er (	Del IVe n Plug	· · · · · · · · · · · · · · · · · · ·	124 2 <u>66</u> 1 <u>58</u>	2439 50 140 <u>16</u> 114 <u>38</u> 410 <u>00</u>
1118B 1107 5407	<u>584</u> 43	# #	Flors	er (	Del Ive n Plug	· · · · · · · · · · · · · · · · · · ·	124 2 <u>66</u> 1 <u>58</u>	2439 50 140 <u>16</u> 114 <u>38</u> 410 <u>00</u>
1118B 1107 5407	<u>584</u> 43	# #	Flors	er (	Del Ive n Plug	· · · · · · · · · · · · · · · · · · ·	124 2 <u>66</u> 1 <u>58</u>	2439 50 140 16 114 38 410 00
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1118B 1107 5407 4432	5784 43 71,3 1	# #	Flors	er (			124 2 <u>66</u> 1 <u>58</u>	24.39 50 140 <u>16</u> 114 <u>38</u> 410 <u>00</u>

AUTHORIZTION \_\_\_\_\_ DATE\_\_\_\_\_ DATE\_\_\_\_\_ DATE\_\_\_\_\_ 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