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

1070634

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 #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (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)					
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

33184 21 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -			p. 1 2. (le c) P. (le c)		1ach -	RICE TOTAL	16.0.00 295.38 180,00	1346.85 130,20	TAX 1/13, 15 TED 3,353,58 AL 3,353,58 the customer's identified on this form:
LOCATION DAY AU	TOWNSHIP RANGE		CASING SIZE & WEIGHT CASING SIZE & WEIGHT CASING SIZE & WEIGHT OTHER CASING RATE RATE RATE RATE RATE RATE RATE RATE		J Und				AUCO SALES TAX 1/3, 15 SALE SALES TAX SALE SALE SALE SALE ATE DATE Anterest unless specifically amended in writing on the front of the form or in the customer's and conditions of services on the back of this form are in effect for services identified on this form:
T & TDEATWENT DT		1 16326 1 1	HOLE DEPTH TUBING H WATER gallsk MIX PSI MIX PSI D 5 C 40			CRIPTION of SERVICES	of Miles Jac	2000	TITLE TITLE Set of this form
		nuction state Izp code	KS 6 HOLE SIZE DRILL PIPE SLURRY VOL SLURRY VOL DISPLACEMENT PS DISPLACEMENT PS	total	er wice	UNITS	1 PUMP CHAR MILEAGE . 24 704 801	3 6015 0# 9 E	South ment terms, unless specific ice, and conditions of servi
CONSOLIDATED 91 Well Services, LLC	PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 DATE CUSTOMER#	11 7841. R Courstr DDRESS UGT	TYPE PLAGUER TYPE PLAG ING DEPTH 800 RRY WEIGHT LACEMENT LACEMENT ARKS: HEIG C/CUM	1089ed 074 4 123 5K 7	TOS Well SC		5702C 410 5407A 410 5502C 318	a4 1813 (123	Ravin 3737 Ravin 3737 AUTHORIZTION Septem Second Lacknowledge that the paymen account records, at our office,