

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 Description:				
Address 1:	-	Sec Twp S. R East Wes							
Address 2:				Feet from North / South Line of Section					
City:				Feet from East / West Line of Section					
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW SE SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic d	County:					
Water Supply Well	Other:	SWD Permit #:		County: Well #:					
ENHR Permit #:	Gas S	Storage Permit #:		Date Well Completed:					
s ACO-1 filed? Yes		The plugging proposal was approved on:(Date							
Producing Formation(s): List	All (If needed attach anot	her sheet)		by:(KCC District Agent's Name)					
Depth		ttom: T.D							
Depth	to Top: Bo	ttom: T.D							
Depth	to Top: Bo	ttom: T.D		'lugging (Completed:				
Show depth and thickness of	f all water, oil and gas for	mations.							
Oil, Gas or Wate	er Records		Casing Red	cord (Surf	ace, Conductor & Prod	luction)			
Formation	Content	Casing	Size		Setting Depth Pulled Out				
					3 21				
zement or other plugs were u	used, state the character	of same depth placed from (bo	ittom), to (top	i) for each	n plug set.				
Plugging Contractor License #:									
Address 1:			Address 2:						
City:			s	State:		Zip:	+		
Phone: ()									
Name of Party Responsible f	for Plugging Fees:								
State of	County	/,		, ss.					
				Fm	plovee of Operator o	r Operator on abo	ve-described well		
	(Print Name)				picyco or operator o	Operator on abt	accombed 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



LOCATION Office, KS
FOREMAN Cases Kennedy

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

FIELD TICKET & TREATMENT REPORT

20-431-3210	01 800-407-8070		CEI	MENI			
DATE	CUSTOMER#		L NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/4/12	7841	Beckw	ure # 4	SE 32	15	21	FR
CUSTOMER				5-7-8-5 3-W-1	本本工 119至41113	多 家 转王叶春20	
TDR Construction MAILING ADDRESS				TRUCK#	DRIVER	TRUCK# ·	DRIVER
1207 8 N. First St 70 Box 339					Carken	ck	
CITY STATE ZIP CODE				368	GarMoo	GM	
Louisburg KS 66053			548	DerMes	DM		
JOB TYPE 7		HOLE SIZE	(63/4" HOLE	EPTH 700	CASING SIZE & V	VEIGHT 2 17	
CASING DEPTH	760	DRILL PIPE	TUBING	,		PTHER	
SLURRY WEIGH	łT	SLURRY VOL_	WATER	gal/sk	CEMENT LEFT in	CASING asing	full
DISPLACEMENT		DISPLAÇEMEN			RATE / 60	u	
REMARKS: A	eld safety	meeting,	mixed + a	suped 75	sks 50/5.	o POZMI	ix celue
0/60%	Premium 6	sel per s	ik thru I'll	tobing insid	le D' tob	ing in wy	
			und outside	tubing, pull		in well	Lamored
rell off	w/ 10 mon	o sky co		211		as went	xopped.
	7					0	
			6			()	
		•				1	
					1	1	
Town	0:1 4=0)					
CODE	QUANITY	or UNITS	DESCRIPTION	UNIT PRICE	TOTAL		
5405N			PUMP CHARGE P+		1030.00		
70 Le	20		MILEAGE pour	truck			80.00
5407	1/2 Minim	wu	too miles	1.			175.00
							1100
1124	ST C	ks	50/50 Po.	zmix cemer	+	-	970 20
11188	428 \$		Premium		4		89.88
11100	100		112000				07,00
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				111111)		
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31			(14	*		
			(19			
			(19	789	SALESTAV	I9 101
vin 5737			(74	7.8%	SALES TAX ESTIMATED	79, 121

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.