

**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

## 1072232

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 #:			A	PI No.	. 15				
Name:				pot De	escription:				
Address 1:			_		Sec Tw	rp S. R East West			
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	ic C	ounty.					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List	All (If needed attach another	sheet)	b	y:		(KCC <b>District</b> Agent's Name)			
Depth to	o Top: Botto	m: T.D	_	luaain	a Commenced:				
Depth to	o Top: Botto	m: T.D							
Depth to	o Top: Botto	m:T.D	'	luggiii	g completed.				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Wate	r Records		Casing Rec	sing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top)	) for ea	ach plug set.				
Plugging Contractor License #:			Name:						
Address 1:			Address 2:						
City:			S	tate: _		Zip:+			
Phone: ( )									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		,	SS.					
(Print Name)				E	Employee 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





LOCATION Och ex CS

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

## FIELD TICKET & TREATMENT REPORT

CLIVICIA								
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
	1707	5 Pal	c #1		21	223	220	Hodeman
CUSTOMER	_	-6		- 1				
Ber	exco I	-		Jetmone	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	ESS			45	463	Josh 600	000	
				26H	466-T129	- 7 11	ctr	
CITY		STATE	ZIP CODE	MS.		7		
JOB TYPE_P		HOLE SIZE		HOLE DEPTH	4750'	CASING SIZE & W	/EIGHT	•
CASING DEPTH	I	DRILL PIPE	16 XH	_TUBING			OTHER	
SLURRY WEIGH	IT					CEMENT LEFT in	CASING	-
DISPLACEMENT		DISPLACEMENT	r psi	MIX PSI		RATE		
REMARKS: SaFoty Westing, Plug as ordered								
50 56 2 1579								
80 516 D 720' 250 SKs 6940 por, 4% (a) 14# Plo-Sect								
50 SK = 250								
20 SK 2 50'								
20 SKS in MH								
30 SKS in RIF								
waltherow)								
	10			••				

	· e		_	
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N		PUMP CHARGE	132500	1325-00
5406	35	MILEAGE	5-00	17500
1131	250 5Ks	6940 por	1955	3.137 50
11183	860#	621	.25	21500
1107	63 #F	Flo-Sec.	2 83	17766
5407	10:75	Tou Milocye Dolivery	167	628 25
		9		
			,	
				5,65840
		Less 10% Dx	_	565 84
				5,09957
Ravin 3737		246985	SALES TAX	23670
	$\lambda$ $A$	2 A	ESTIMATED TOTAL	5329 27
AUTHORIZTION	- Jw	TITLE OUT HOLL	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.