

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 De | scription: | | |
| Address 1: | | | | Sec | Twp S. R | East West |
| Address 2: | | | | Feet fror | m North / | South Line of Section |
| City: | State: | Zip: + | | Feet fror | m East / | West Line of Section |
| Contact Person: | | | Footage | s Calculated from Nea | arest Outside Section | n Corner: |
| Phone: () | | | | □ NE □ NW | SE SW | |
| Type of Well: (Check one) | Oil Well Gas Wel | I OG D&A Cath | odic County: | | | |
| Water Supply Well | Other: | SWD Permit #: | I ' | | | l #: |
| ENHR Permit #: | Ga | s Storage Permit #: | Lease N | | | |
| Is ACO-1 filed? Yes | No If not, is | s well log attached? Yes | | ell Completed: | | (Date) |
| Producing Formation(s): L | ist All (If needed attach an | other sheet) | ' ' | | • | District Agent's Name) |
| Dept | th to Top: I | Bottom: T.D | | | , | , |
| Dept | th to Top: I | Bottom: T.D | "" | | | |
| Dept | th to Top: I | Bottom: T.D | Pluggino | g Completed: | | |
| | | | | | | |
| Show depth and thickness | of all water, oil and gas | formations. | | | | |
| Oil, Gas or W | ater Records | | Casing Record (Su | rface, Conductor & Prod | duction) | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | |
| | | Jana G | | 3 47 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | olugged, indicating where the mer of same depth placed from (| • | | | |
| Plugging Contractor Licen | se #: | | Name: | | | |
| Address 1: | | | Address 2: | | | |
| City: | | | State: | | Zip: | + |
| Phone: () | | | | | | |
| Name of Party Responsibl | e for Plugging Fees: | | | | | |
| State of | Cou | nty, | , SS. | | | |
| | | | F | mplovee of Operator of | or Operator on | above-described well, |
| | (Print Nan | | | , 1,111.000.000 | | |

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



On Well Services, I.L.C.

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

DATE

FIELD TICKET & TREATMENT REPORT

FOREMAN

36826

TICKET NUMBER

LOCATION O

Laura

CEMENT WELL NAME

| | SECTION TOWNSHIP RANGE COUNTY VW 9 34 19 9L | TRUCK# DRIVER TRUCK#: DRIVER 368 Alann Safety Week 548 | CASING SIZE & WEIGHT 27/8 | CEMENT LEFT IN CASING 128.5 RATE 1901 | Starte Misted & dum OBS |
|----------------|--|--|---|---------------------------------------|-------------------------------|
| DATE CUSTOMER# | 7 | oress ' 287 state z | JOB TYPE DOG STANDE HOLE SIZE HOLE DEPTH CASING DEPTH 975 DRILL PIPE | ACEMENT PSI | 28 18/4 JOBD LEMENT PLUS 6799 |

| | Ministration | UNIT PRICE TOTAL | (B. 22) | |
|-------------------|--------------|------------------------------------|-------------------------|--|
| | | DESCRIPTION of SERVICES or PRODUCT | PUMP CHARGE W Th 10.01/ | |
| own water, hester | | QUANITY or UNITS | | |
| TOWN | | ACCOUNT CODE | A FOR | |

| ACCOUNT CODE | QUANITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|-----------------|------------------|------------------------------------|--------------------|--------|
| TYDY A | | PUMP CHARGE W th 11/2 // | | 475.2 |
| CHY | | MILEAGE | | |
| かった | 6.2.2 | ton mileare | | 8228 |
| 240/11 | | | | |
| | | | | |
| 194 | 28 | 50 (30 CRW) | | 306.60 |
| 183 | [M] | 00 | | 29.61 |
| 7 | ¢1 | Cotton Scort Hulla | | 17.70 |
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| | | | | |
| | | | SALES TAX | 25,72 |
| 3737 | 7 | | ESTIMATED TOTAL | 924.86 |
| NO. I KIND OF | 72/2 | 10111 TITLE | DATE | |
| NOT VINCE | | | | |

nowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's punt records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.