

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

1073611

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 #:			APIN	No. 15	
Name:				Description:	
Address 1:				Sec T	ſwp 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:			Foota	ages Calculated from Near	est Outside Section Corner:
Phone: ()				NE NW	SE SW
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi SWD Permit #: rage Permit #: log attached? Yes	Leas Date	e Name:	Well #: (Date)
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC District Agent's Name)
		m: T.D			
Depth to	o Top: Botto	m: T.D	1		
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:	
Show depth and thickness of	all water, oil and gas forma	ations.			
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)
Formation	Content	Casing	Size	Setting Depth	Pulled Out
cement or other plugs were us			•		ods used in introducing it into the hole. If
Plugging Contractor License #	#:		Name:		
Address 1:			Address 2:		
City:			State	:	Zip:+
Phone: ()					
Name of Party Responsible fo	or Plugging Fees:				
State of	County		. 88		
				Franksis of Orest	Operator on alternative to the
	(Print Name)			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





TICKET NUMBER	33478	
LOCATION EUCEKA		
FOREMAN RICK Led	ford	

80.00

80.00

4432

FIELD TICKET & TREATMENT REPORT

DATE	131-9210 or 800-467-8676 DATE CUSTOMER # WELL NAME & NU		LL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2//3/11	4979	Phillip	hillip Wendland		4	13	/3€	Ways.	
STOMER		1.71		Summit	TRUCK#	DRIVER	TRUCK#	DRIVER	
لا . ل AILING ADDRES). Orilling	Inc.		- Or19 -	520	John	111001111		
		4		1 -	611	Chris B.			
ŤΥ	SW 24# 6	STATE	ZIP CODE	-1 F	GII.	CAL SID.			
Grant		K5	67530						
		HOLE SIZE_		HOLE DEPTH_	340'	CASING SIZE & W	EIGHT 85/2	4	
	338'			TUBING			OTHER		
URRY WEIGHT	15#	SLURRY VOL	45 BU	WATER gal/sk	6.5	CEMENT LEFT in	CASING 20		
CDI ACEMENT	2044 221	DISPLACEME	NT PSI	MIX PSI RATE					
MARKS 5	fed mee	ting - Rig	4 6 8	de course.	Break CHE	Wation w/ 10 14# flocale/si	0 Bbl fresh	water.	
in w/g	and cement	ceturns	to sulface	= 8 Bb s	lury to pi	BWs firsh wo t. Job com	let. Rig d	eur.	
in w/g	and cement	(eturns		in the second se	dury to pi	t. Jab Cony	rlete. Rig d	oun.	
in w/9	and cement	(eturns		hank You"	July to pi	t. Job Cony	Nete Rig d	our.	
ACCOUNT CODE		or UNITS	" <i>Ti</i>	in the second se			UNIT PRICE	TOTAL	
ACCOUNT			" <i>Ti</i>	DESCRIPTION of			UNIT PRICE	TOTAL 825.00	
ACCOUNT CODE	QUANITY		" 7	DESCRIPTION of			UNIT PRICE	TOTAL	
ACCOUNT CODE 5403	QUANITY	or UNITS	PUMP CHAR	DESCRIPTION of S			UNIT PRICE	70TAL 825.40 260.0	
ACCOUNT CODE 5403 5406	QUANITY / 45	or UNITS	" 77	DESCRIPTION of S			UNIT PRICE 825.00 4.00 /4.95	70TAL 825.40 260.0 2765.7 384.	
ACCOUNT CODE 5403 5406	QUANITY / / / / / / / / / / / / /	or UNITS	PUMP CHAR MILEAGE Class A 390 Cacc	DESCRIPTION of S			UNIT PRICE 825.00 4.00	70TAL 825.00 260.0 2765.7 384.1	
ACCOUNT CODE 5403 5406	QUANITY / / / / / / / / / / / / /	or UNITS	PUMP CHAR MILEAGE	DESCRIPTION of S			UNIT PRICE 825.00 4.00 /4.95	70TAL 825.40 260.0 2765.7 384.	

Subtotal 7.9% SALES TAX **ESTIMATED** 24 lebele Ravin 3737 TOTAL DATE_ TITLE_ I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

85/8 Wooden plus

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.





TICKET NUMBER	33 <u>504</u> _	
LOCATION FUCEKS		_
FOREMAN RICK Ledt	acd	

DATE_

12/21/11 4979 Phillip CUSTOMER L. D. Orilling Toc. MAILING ADDRESS 7 3W 24 Ave.	LEIL NAME & NUME	Summe Orly	SECTION 4	4PI */5-197- TOWNSHIP	RANGE	COUNTY
AAILING ADDRESS 7 3W 26th Ave.				/3	136	11.1
AAILING ADDRESS 7 SW 26th Ave.			CAT U.	NAMES CONTINUES AND DESCRIPTION OF THE OWNER,		Waub.
7 SN 26th Ave.		Orly		DRIVER	TRUCK#	DRIVER
7 SN 26+ Ave.	IZID CODE		TRUCK#	DRIVER	TROOK#	DIMPLIA
7 3N 26 AVE	IZID CODE		445			
STATE	ZIP CODE		479	Calin		
Great Band Ks	67530					
OR TYPE P.T.A A HOLE SIZE	77/9"	HOLE DEPT	H 302/6	CASING SIZE & W	EIGHT	
ASING DEPTH DRILL PIPE_		TUBING			OTHER	
LURRY WEIGHT /4 # SLURRY VO	L	WATER gal/s	sk_ 7. ^a	CEMENT LEFT in	CASING	
ISPLACEMENT DISPLACEM	ENT PSI	MIX PSI		RATE		
EMARKS: Safety meeting - Ris	up to drill	pipe. Pl	agung arder	s as follows:		
	20 sks					
		@ 276				
		@ 1073				
	115 sk					
	175 5KS &					
	775 34.5 6					
	"ThANK YOU	**				
ACCOUNT QUANITY or UNITS	S DESCRIPTION of SERVICES or PRODUCT			UNIT PRICE	TOTAL	
SYOSN /	PUMP CHARG	PUMP CHARGE			/030.00	1030.00
5406 65	MILEAGE				4.00	260.00
3430						
1131 175 586	60/40 90	emis cem	nt		12.55	2196.25
11133 (000	400 901				.2	126.00
54074 7.53	ton mile	age bulk	tac		1.34	655.86
			-			
				- 4	subtota)	4268.11
Nevin 3737		2466	<i>9</i> 0	7.8%	SALES TAX ESTIMATED TOTAL	181.14

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

TITLE