

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

1074732

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 West				
Address 2:				Feet from North / South Line of Section					
City:	Zip: +		Feet from East / West Line of Section						
Contact Person:				Footages Calculated from Nearest Outside Section Corner: NE NW SE SW					
									Type of Well: (Check one)
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #:	orage Permit #:		Date Well Completed:						
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List	t All (If needed attach anothe	r sheet)	by:		(KCC District Agent's Name)				
Depth	to Top: Botto	om: T.D							
Depth	to Top: Botto	om: T.D		Plugging Commenced:					
Depth	to Top: Botto	om:T.D		g Completed					
Show depth and thickness o	of all water, oil and gas form	ations.							
Oil, Gas or Wat	er Records		Casing Record (Su	rface, Conductor & Prod	uction)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
ement or other plugs were	used, state the character of	f same depth placed from (bot	ttorn), to (top) for ea	cn plug set.					
Plugging Contractor License #:									
Address 1:			Address 2:						
City:			State:						
Phone: ()									
Name of Party Responsible	for Plugging Fees:								
State of	County,		, SS.						
			F	mplovee of Operator or	Operator on above-described well,				
	(Print Name)				operate. on above accombod well,				

Submitted Electronically

the same are true and correct, so help me God.

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

CONSOLIDATED ON WHILE SAME ALLO

TICKET NUMBER 36472

LOCATION OHANA KS

FOREMAN Casey Kennedy

PO Box 684, Chanute, KS 66720 620-431-9210 or 600-467-8676

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 600-467-86	76	CÉMEN	T			
DATE CUSTOMER			SECTION	TOWNSHIP	RANGE	COUNTY
2/2/12 3244	Pearson # Me-H		#5E11	1.15	20	DG
CUSTOMER						
A tavista tuen	34	<u></u>	TRUCK#	DRIVER	TRUCK#	DRIVER .
MAILING ADDRESS	, , , , , , , , , , , , , , , , , , ,		481	Casker	clc	
4595 K-33 4u			425	Hay Bec	HB	
CITY .	STATE ZIP CODE.] ·	370	GarMao	GM.	
Wells ville	KS 66092		586	ASAMIC	AM	
JOB TYPE PLUG	HOLE SIZE	HOLE DEPTH	1	CASING SIZE & V	EIGHT 2 II	* · · · ·
CASING DEPTH 930'	DRILL PIPE	_TUBING		<u> </u>	OTHER	
SLURRY WEIGHT	SLURRY VOL	WATER gal/s	k	CEMENT LEFT In	CASING Holl	
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI		RATE & bon		
REMARKS: held safet	, meating, establis	had circu	plation tha	such 1" tub	ing mixed	l + pumped
	hix coment, pulled	/ 1 ×	x from we	M. to so cal	(1)	7
•	- Carrette Control	10000	g our or	M / 10/pca	Wew elf	4) 10 sts
cement,	1161 1 000	CL.		-	:	,
, , , , , , , , , , , , , , , , , , , ,	(6% gel per	<u>sk</u>)		 .		
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ACCOUNT. QUANIT	Y or UNITS DE	SCRIPTION of	SERVICES or PRO	ορύςτ	UNIT PRICE	TOTAL

ACCOUNT.	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N		PUMP CHARGE	· ·	1030.00
5406	. 20	MILEAGE		80,00
5407	MUMINIM	ton mileage		350,00
55020	27.6	80 Vac	·	180.00
		,	,	
	•			, = 1
1124	87 sks	50/50 Poznix rement	v	952.65
11183	438 #	Gel		91.98
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		7.3%	n it was said	-11 5-
Ravin 9797 ~ ·		+,2%	SALES TAX ESTIMATED	76:25
			TOTAL	2760.88

AUTHORIZTION No Co Rep ou location

TITLE_

TOTAL POLICE