

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

1077024

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 #:			AF	PI No.	15				
Name:				ot De	escription:				
Address 1:			_		Sec Tw	p S. R East West			
Address 2:			_		Feet from	North / South Line of Section			
City:				Feet from East / West Line of Section					
Contact Person:			Fo	otage	es Calculated from Neares	st Outside Section Corner:			
Phone: ()					NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c C	nuntv.					
Water Supply Well	Other:	SWD Permit #:		-		Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			ved on:(Date)			
Producing Formation(s): List A	─ \ll (If needed attach another	sheet)				(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D	1						
Depth to	Top: Botto	m: T.D		Plugging Commenced: Plugging Completed:					
Depth to	Top: Botto	m:T.D	1	ugging	g Completed:				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Reco	ord (Su	urface, Conductor & Produc	tion)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (top)	for ea	ach plug set.				
Plugging Contractor License #: 1			Name:	ne:					
Address 1:			Address 2: _						
City:			St	ate:		Zip:+			
Phone: ()									
Name of Party Responsible fo	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 OXYAWA KS
FOREMAN FVEN Maria

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

FIELD TICKET & TREATMENT REPORT CEMENT

020-431-9210	01 800-401-0010			· · · · · · · · · · · · · · · · · · ·		
DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY.
1/17/12	5949	Crawford # 101	NW 1	16	20	FR
CUSTOMER						
01	1 Sources	COTP	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR	ESS .		506	FREMAD	Sately	why.
120	shorel	ine Dr	495	HARBEC	HAB	1
CITY	4	STATE ZIP CODE	370	GARMOD	G.M	
Louis	burg	KS: 66053	548	RYASIN	RS.	
JOB TYPE	4	HOLE SIZE 578 HOLE DEP		CASING SIZE & V	VEIGHT NA	
CASING DEPTH	н	DRILL PIPETUBING			OTHER	
SLURRY WEIGH	нт	SLURRY VOL WATER ga	l/sk			
DISPLACEMEN		DISPLACEMENT PSI MIX PSI		RATE BPM	The state of the s	
REMARKS: E	Establish	circulation thru 1"	Tubing M	1x 10 5Ks (ement.	7
	Spat +h	10 1 JUDNY @ 680 -	Pull Robin	to 350	Fill	
	to 30140	co all coment. P.	11 remain	Dig L" XUL	oly +	
	TOP OFF	W/ Coment. Wash	out I' pile	10	0	
		.7-				
		63 sks 50/50 Poz	mix Cem	ux 6666	el	
				1		
			**	Led Su	oden	*

					*
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or	UNIT PRICE	TOTAL	
5405N		PUMP CHARGE Plac	495		: 10300
5406		MILEAGE			NIC
5407	44 minimon	You Miles	548		8750
55020	1/2 hr	80 BBL Vac Truck	טל צ		13509
*			*		
1124	68 SKS	50/50 Por Mix Concert			6898
11188	318₩	Premion Gel			667
				· ·	
Y.					
		17			
		107100			
		1111	·		
		Y A CONTRACTOR	, G. U)		
			7.8%	₹ SALES TAX	5902
avin 3737	V 11.			ESTIMATED TOTAL	2068
LITUOPIZTION	Ann XX	/ TITLE	7. 1	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