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

1077025

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: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out	

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:			
Address 1:		Address	2:		
City:			State:	Zip:	.+
Phone: ()			-		
Name of Party Responsible for Plugging Fe	ees:				
State of	County,		, SS.		
,	Print Name)			or Operator on above-d	
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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 the same are true and correct, so help me God.

Submitted Electronically

R	Consolid/	TED				TICKET NUME	BER 36	852
	Oil Well Service	and the second	÷					and the second se
						FOREMAN_		
	Chanute, KS 6672		LD TICKE		ATMENT REP	PORT		
	or 800-467-8676			CEME				
DATE	CUSTOMER #		L NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER	5949	Craw f	ord #	163	NW I	16	20	FR
Q.	1 Source	5 Cario			TRUCK#	DRIVER	TRUCK # ·	
MAILING ADDI	RESS	<u> </u>			506	FREMAD	Safeter	DRIVER
120	Shorel?	ne Dr.	1		.495	HARBEC	11AR	J
CITY		STATE	ZIP CODE		370	GARMOO	GM	
Loui	sburg	KS	66053		548	RYASIN	RS	
JOB TYPE	Plu	HOLE SIZE	51/8	HOLE DEP		CASING SIZE & V		<u> </u>
CASING DEPT	н	DRILL PIPE	.) "	TUBING	to 680°		OTHER	•
SLURRY WEIG	GHT	SLURRY VOL_		WATER ga	ll/sk	CEMENT LEFT in		· · ·
DISPLACEME	NT	DISPLACEMEN		MIX PSI		RATE 1 BPA		
REMARKS: L	vash da	un la	st 5 J	ts 1"	Jub Mr.		sies Cen	nest
S	pat @	TO th	vu l'	Pul	1 - 1" 40	350'.	Fill to	
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ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL -
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5406		-	MILEAGE		0			NIC
5407	14 minim	un	Tor V	niles	1	548		8750
55020	- 1/2	his	80 B	BL Va.	e Truck	370		13500
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1124	6	35KS	50/50 1	Por Min	« Coment			689 85
11183	3	18#	Premi		l			6678
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1			1			7.8%	SALES TAX	5902
Ravin 3737	(· · · · · ·			1.070	ESTIMATED	0/-

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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

AUTHORIZTION_

H

2068 12

TOTAL

DATE