



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1077209
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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage 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)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 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 Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

E. O. or F. O. No. Ks Weckan

Well No. 3-10

SERVICE REPORT

Address

Lease Lookout lead

Tool Rental Flex-lax spider slips, Back up tongs, Wedging Beam Amount:

Rods Amount:

Tubing Amount:

Casing Loyal Down 2334 Seal of 5 1/2 casing Amount: ---

Power Tongs Amount:

Tong Operator Iron bars Amount:

Helpers Tomalton Reynold Sell Great Beyond more Amount:

Transportation Charge 80 R. Miles @ 2.50 Per Mile Amount:

Waiting Time Hours @ Per Hour Amount:

TOTAL SERVICE CHARGE

Remarks: Truck No. 12 arrived @ 10:30 AM Estimated Field Cost: ---

Worked well today. Work on well down 2 R. up

Worked 2:30 pm 10. casing

2:30 pm stop

Date Work Commenced 3-12-12 Date Work Completed 3-12-12

By V. A. E. 3:30 pm

10:30 am

LOG-TECH OF KANSAS, INC.
 86 SW 10 AVE.
 GREAT BEND, KANSAS 67530
 (620) 792-2167

INVOICE
6944

Date 3-12-12

CHARGE TO: Chesapeake Operating Company
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. 802205
 LEASE AND WELL NO. Leathers Land #3-10 FIELD _____
 NEAREST TOWN _____ COUNTY Haskell STATE KS
 SPOT LOCATION NW-NE SEC. 10 TWP. 30S RANGE 34W
 ZERO 9' AGL CASING SIZE 5 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER Lee Betz OPERATOR Heath Buehler

PERFORATING				
Description	No. Shots	From	Depth To	Amount
<u>Cut 5 1/2" casing at 2334</u>	<u>1</u>		<u>2334</u>	

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>Set 5 1/2" CIBP DB-5 at 4100'</u>	<u>0</u>	<u>4100</u>	<u>4100</u>	<u>.22</u>	
<u>Dump 2 sacks Cement on plug</u>					

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>2</u>
<u>5 1/2" CIBP DB-5</u>	<u>1</u>	<u>2</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Lee Betz 3/12/12
 Customer Signature Date

..... Sub Total		
Code Ref. Tool Insurance		
..... Tax		
.....		