

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

1080534

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	l No. 15	i				
Name:				ot Desci	ription:				
Address 1:					Sec Tw	p 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:			Foo	otages (Calculated from Neares	st 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 #: ENHR Permit #: Gas Storage Permit #:					County: Well #: Date Well Completed:				
Is ACO-1 filed? Yes	_	I log attached? Yes	」No The	pluggii	ng proposal was appro	ved on: (Date)			
Producing Formation(s): List A	,	*				(KCC District Agent's Name)			
		m: T.D	I Plu	gging C	Commenced:				
		m: T.D	Plu	Plugging Completed:					
Depth to) тор: вопо	m: T.D							
Show depth and thickness of a		ations.	'						
Oil, Gas or Water		Casing F		Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us						s used in introducing it into the hole. If			
Plugging Contractor License #:			Name:	e:					
Address 1:			Address 2:						
City:			Star	te:		Zip:+			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _		, ss	3.					
	(Print Name)			_ Emp	ployee 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__ FOREMAN Skick Lod

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676			CEMENT	API 15	00/-03/	99-00-	-00
DATE	CUSTOMER#	WEL	L NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
4-24-12	1828	Kirk	#13-A		2	24	18=	AL
CUSTOMER							T-puak i	
MAILING ADDR	ENERGY,	LNC.	<u> </u>	-	TRUCK#	DRIVER	TRUCK#	DRIVER
000	200			-	520	John		
P.O. B	6× 588	STATE	ZIP CODE		667	Chris B.	<u> </u>	
_				l ⊢	637	Jim		
JOB TYPE P.	<u> </u>	K5		JL	00~	CASING SIZE & V	1 7 7	<u></u>
		HOLE SIZE		_HOLE DEPTH_	<u> </u>	CASING SIZE & \	WEIGHT_	LINE PI
		DRILL PIPE		_ I UDING_/			UIREK	
SLURRY WEIGHT 14# SLURRY VOL 20 861		WATER gal/sk 7.0 CEMENT LEF			T in CASING 735			
DISPLACEMEN'	Τ	DISPLACEMEN	IT PSI	MIX PSI		RATE		
REMARKS: 5	ately meet	<u>ing - Kig</u>	ip to /"f	pp & 735	Break	Ciccilotion .	I tresh we	te.
Mixed	90 5×5	CO) 40 (02	Mix cement	<u> 290 رسا</u>	ge) @ 14"	1/901. Pull	"out tagge	d well
			·· Tha	nk Ya"				
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of S	ERVICES or PR	RODUCT	UNIT PRICE	TOTAL
5405A	1		PUMP CHARG	E			695.00	695.00
5406	40		MILEAGE		-		4.00	160.00
	0.0	<i></i>	1 . 111.5 0		<u> </u>		12.55	1120
1131		<u>545</u>		ormix cenu	· C			1129.50
1118/3	155		290 ge)				.21	32.55
	2 0	7	 				,	

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A		PUMP CHARGE	695.00	695.00
5406	40	MILEAGE	4.00	160.00
1131	90 sks	60/40 Pozmix cenut	12.55	1129.50
1118/3	155	2% ge)	.21	32.55
5407	3.87	ton mileagy bulk trk	m/c	350.00
SSOC	3 hrs	80 Bbl vac. Tex	90.00	270.00
			Subtetal	2437.05
Ravin 3737	D = 111	, A4931)	SALES TAX ESTIMATED TOTAL	81.14 2124.19

I acknowledge that the payment terme, 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_