

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

1080551

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. 1	15		
				Spot Des	scription:		
Address 1:					Sec T	wp S. R	East West
Address 2:					Feet from		
City:				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 Cathoo	dic	0			
Water Supply Well	Other:	SWD Permit #:		County:			
ENHR Permit #:		Storage Permit #:		Date Well Completed:			
s ACO-1 filed? Yes	_	ell log attached? Yes	No			roved on:	
Producing Formation(s): List						(KCC Dis a	
		tom: T.D					
·	•	tom: T.D					
Depth		tom: T.D		Plugging	Completed:		
Deptil	ю юр во	I.D					
Show depth and thickness of	all water oil and gas for	mations					
•		mations.					
Oil, Gas or Wate				g Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
1							
1							
		gged, indicating where the muon from (bo		•		ods used in introducing	it into the hole. If
Plugging Contractor License #: N			Name: _				
Address 1:			Address	2:			
City:				State:		Zip:	+
Phone: ()							
Name of Party Responsible f	or Plugging Fees:						
State of	County	;		. SS			
							. 4
	(Print Name)			Er	iipioyee oi Operator or	Operator on above	re-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



ENTERED

TICKET NUMBER 34619

LOCATION EURONO
FOREMAN STRURMEN

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

FIELD TICKET & TREATMENT REPORT

1 ease # 36) CFMENT APT # 15-107-24601

		~ <u>~</u> ~ ~ ~ ~ ~		CEIAIEIA	1777	, , , , ,	/ Go /	
DATE	CUSTOMER#		L NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
4-27-12	1828	Lanha	n # cs	5	35	21	22E	Linu
CUSTOMER	_		•		副基础			
COLT	Energy, I	Inc.			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS				485	Alan m		
9.0.B	X 88 x x				513	Calin		
CITY		STATE	ZIP CODE					
Tola		Ks	66749					
JOB TYPE P	TAO	HOLE SIZE	7 %	_ HOLE DEPTH	_ 8 8 2	CASING SIZE & W	VEIGHT NON	ve
CASING DEPTH						5%0'		
SLURRY WEIGH	IT					CEMENT LEFT in		
REMARKS: 50	FTV Alooth	nei Ris	40 TO 23	o Tubin	e. Break	Circulation	n W/EC:	ch water.
Puma 200	A Gel Fh	sh . 415 5	ks /0/4	o Pozmi	a cement	Circulation U% Fel	AT \$20'	
Pull Tubi	ne up to	450' 8	Break Cir	culation	WIFresh	Waser. Pe	m > 200#	Gel
Flush 51	000 15 5k	Plue	17 450°	Pull	Tubin up	Tu 250	1. Brea	100
Circulati	ion 78	sks 25	UFC SU	rface.	Pilling	. Two you	Tools	all ass
_	Sab Campl	-0 R-	2000			3776	z gp w	en un
	2000 Correspondent	213 115	anny					· · · · · · · · · · · · · · · · · · ·
								
			hank .	Va ()				

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	/	PUMP CHARGE	103000	1030.00
5406		MILEAGE W/ < 2 ml well		0
//31	138 sks	60/40 POZMIX CRMENT	12.55	1731.90
11183	475*	Gel 4%	121	99.75
111813	4/00t	Ge/ Spocer	, 2/	84,00
5407	5.9 70ns	Ton Mileage Bulk Track	m/c	350.00
\				
			SubToTal	3295.65
		6.3%	SALES TAX	120.68
avin 3737	2 - 11	, , अयवयय	ESTIMATED TOTAL	3416.33

l 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_