

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

1081400

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								
			Spot Description:								
Address 1:			Sec Twp S. R East West Feet from North / South Line of Section								
Address 2:											
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)		= -	County:								
Water Supply Well		SWD Permit #:	Lease Name: Well #:								
ENHR Permit #:	_	orage Permit #:	Date Well Completed:								
Is ACO-1 filed? Yes	—	ell log attached? Yes	No	The plugging proposal was approved on: (Date)							
Producing Formation(s): List /				by: (KCC District Agent's Name)							
Depth to	•	om: T.D		Plugging Commenced:							
•	•	om: T.D		Plugging	Completed:						
Depth to	o Top: Bott	om:T.D									
			I								
Show depth and thickness of	all water, oil and gas form	nations.									
Oil, Gas or Wate	r Records		Casing F	Record (Sur	face, Conductor & Prod	uction)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
		ged, indicating where the muc if same depth placed from (bo		•		ods used in introducing	it into the hole. If				
Plugging Contractor License	#:		Name: _								
Address 1:			Address	ss 2:							
City:				State:		Zip:	+				
Phone: ()				_							
Name of Party Responsible for	or Plugging Fees:										
State of	County,			, ss.							
				Fn	nplovee of Operator o	Operator on above	e-described well				
	(Print Name)				operator on above	- accombod won,					

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

BASIC*** 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

FIELD SERVICE TICKET 1718 06326 A

		PING & WIRELINE	3-3	05	-181	N	DATE	TICKET NO	saet Posta	Tu soome? y No september			
DATE OF 5	16-12	DISTRICT Pratt,	THE OWNER OF THE OWNER, NAMED IN	NEW OLD PROD INJ WDW CUSTOMER ORDER NO.:									
CUSTOMER		Resources, I			LEASE J	ellis	30n	tellorum allania Iben yacloslaik	esa urae es perturit	WELL NO.	1		
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CITY	leto taming operati By of any Elch i	STATE	eur, termio ie 16 grassiam	H bene and entit	SERVICE CREWC, Messich: E. Masquez: A. Blasi								
AUTHORIZED E	BY	na engan maler na sken a par spara na ajman ristoja	acule acule gray services	JOB TYPE: C.C.S. P. WPlug To Abandon									
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products, and/or su become a part of the	applies includes all	execute this contract as an a of and only those terms and of the written consent of an off	conditions app	earing on	the front and bad	ck of this do	cument. No addi		te terms	and/or condition	ns shall		
ITEM/PRICE REF. NO.	HOT I SHOW THE RES IN	IATERIAL, EQUIPMENT		CES US	ED	UNIT	QUANTITY	UNIT PR	ICE	\$ AMOUN	1T		
CP 103	60/40	PozCemen	1	o nozem	yd Alaieue yan	SIT	165	iolone thampa. Iss., 29, acq is	\$	1,980	60		
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REPRESENTATIVENERE R.M. asold

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



TREATMENT REPORT

Customer	a P	7				ase No					Date		- 1		5	1			
lease // Well # 1												5	- 1	4	g -				
Field Order # Station D Casalida Denth											Count				(St	ate			
Type Job C.C.S.P.WPlug To Abandon Formation												Tiowa Tansas							
		W	Flue	310												W			
	E DATA	P		REFORATING DATA NT FLOOD US						TREATMENT RESUME									
Casing Size	nots/Ft				7 Sacts Ce			ment (NATE PRESS ISIP										
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Volume	Volume	Fro	om		То	То			acts 60	MITO PO	zw	ith	48 To	MinGel					
Max Press		Max Press From			To 3.8L		6. 1 Gal.		6.926 AV9/ Str					15 Min. 5 T.					
Well Connecti	on Annulus V	ol. Fro	om		То				J	HHP Used	d,		Annulus		nulus Press	sure			
Plug Depth	Packer De	epth	om		То		Flus	sh Fre	sh Wate	Gas Volume				Total Load					
Customer Re	presentative =	Jam	iel	laie	r	Station	n Mana	ager Do	vid So	ott	Frea	iter A [6	ence	R.	Mess	sict			
Service Units	37.216	19.86	6 1	9.84	3	9.96	60	19.918				-							
Driver Names Me		. 1	Male	ave			316	azi											
Time A. M	Casing Pressure	ng Tubing				ed		Rate			Service Log								
8:00 Trucks						501	nlocation and hold safety meeting.												
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9:00	300	300					6			Mixino									
300				44		*.		5		start mixing cement.									
	100	200			56		(5	Start Fresh water Displacement.										
9:15 -0-				7	-					DUMPI									
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2:15									Job C	1 1 .	A STATE OF THE PARTY OF THE PAR	30.1							
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10244	NE Hiw	ay 61	• P.C	D. Bo	08 xc	613	Pra	itt, KS	67124-861	3 • (620)	672	-120	1 • Fax	(62	20) 672	-5383			