

**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

1084678

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 #:			I AP	I No. 15 -				
Name:			I					
Address 1:						wp S. R		
Address 2:					Feet from	North / S	outh Line of Section	
City:				Feet from East / West Line of Section				
Contact Person:			Foo	Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )				1	NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic Co	untv.				
Water Supply Well C	Other:	SWD Permit #:		County: Well #:				
ENHR Permit #:	<del></del>	rage Permit #:	<sub>Da</sub>					
ls ACO-1 filed? Yes	No If not, is well	log attached? Yes					(Date)	
Producing Formation(s): List A	•	,				(KCC <b>I</b>	District Agent's Name	
Depth to	o Top: Botto	m: T.D	<sub>Plu</sub>	ıaaina Comm	enced:			
Depth to	o Top: Botto	m: T.D						
Depth to	o Top: Botto	m: T.D		00 0 1				
Show depth and thickness of a		ations.						
Oil, Gas or Water			Casing Recor	sing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Set	ting Depth	Pulled Out		
1								
Describe in detail the manner cement or other plugs were us		-	•			ds used in introduci	ng it into the hole. If	
Plugging Contractor License #:								
Address 1:			Address 2:					
City:			Sta	ite:		Zip:	+	
Phone: ( )								
Name of Party Responsible fo	or Plugging Fees:							
State of	County, _		, s	S.				
				Employe	e of Operator or	Operator on a	bove-described well,	

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.

(Print Name)



TICKET NUM	BER	34500	
LOCATION	Oak	lev Ks.	
FORFMAN	1101	4 5.2/-1	

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

## FIELD TICKET & TREATMENT REPORT

	000-407-0070			CEMEN	<u> </u>			
DATE	CUSTOMER#	<u> </u>	NAME & N	UMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-26-12		Marle	une	<i>1</i> -3	3	203	23 4	ness
JSTOMER )/1	11 D1 0	7		ness	TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRES	11 Dolg C			─	399	Damon	<del></del>	DUIVER
				2146	466-7729			•
TY		STATE	ZIP CODE		T60° 1127	CONT K	r 72.	1
		,						
DB TYPE	ra-	HOLE SIZE	77/8	HOLE DEPTH	4450'	CASING SIZE & V	VEIGHT	<u> </u>
ASING DEPTH_		DRILL PIPE 4	16 XH				OTHER_	
LURRY WEIGHT	<u>.</u>	SLURRY VOL				CEMENT LEFT in	CASING	
		DISPLACEMENT	F PSI	MIX PSI		RATE		
EMARKS: 54	Fot Ma	truc, ri	CUDON	W.W#10	Plucas	ordored	S	
			<i></i>					
50 sk	2 1560	<u>o'</u>						
50 SK3		<u>) '</u>		·				······································
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30 SK	5 1. R. H						•	
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ACCOUNT	OUNT QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT					14-000		
CODE	QUANITY	or UNIIS		DESCRIPTION of	SERVICES or PRO	ODUCT	UNIT PRICE	TOTAL
5405 N	_ %_		PUMP CHA	ARGE			1325-00	1,3250
5406 T	2&_		MILEAGE	<del></del>			500	10000
1/31	190	SKs	6940	P02			1510	2,8690
111813	652		_Bév	toute Go			125	16.30
1107	48		Flo	-5061			2 85	13536
<i>5407</i>	8.17	7		n Milegge			167	41000
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	<u></u>	<u>:</u>						4,58
!			<i></i>	·			SALES TAX	<del></del>
n 3737		(11/	7				ESTIMATED TOTAL	
n 3737	Mes ~	2 2 / 1/1/					JUIAL	