

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

1085517

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 #:			APIN	No. 15	
Name:				Description:	
Address 1:				Sec T	ſwp 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:			Foota	ages Calculated from Near	est Outside Section Corner:
Phone: ()				NE NW	SE SW
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi SWD Permit #: rage Permit #: log attached? Yes	Leas Date	e Name:	Well #: (Date)
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC District Agent's Name)
		m: T.D			
Depth to	o Top: Botto	m: T.D	1		
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:	
Show depth and thickness of	all water, oil and gas forma	ations.			
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)
Formation	Content	Casing	Size	Setting Depth	Pulled Out
cement or other plugs were us			•		ods used in introducing it into the hole. If
Plugging Contractor License #	#:		Name:		
Address 1:			Address 2:		
City:			State	:	Zip:+
Phone: ()					
Name of Party Responsible fo	or Plugging Fees:				
State of	County		. 88		
				Franksis of Orest	Operator on all size described to
	(Print Name)			Employee 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



TICKET NUMBER 39791

LOCATION Oftowa KS

FOREMAN Fred mades

DATE

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

FIELD TICKET & TREATMENT REPORT CEMENT

		A A STATE OF THE S	and the second second	~					
DATE	CUSTOMER#	WEL	L NAME & NUM	BER	SEC	TION	TOWNSHIP	RANGE	COUNTY
5/23/12	4448	Knabe	"A" # K	R-7	SE	10	14	22	20
CUSTOMER									A CONTRACTOR OF THE PARTY OF TH
Kanso	xs Kesou	vces Exp	1 & Deu.		TRU	CK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	=88				5	06	FREMAD	Safety	MYs
CITY 9.3	W. 110	<u>r</u> 54			3	68	ARLMOD	Am	0
CITY'		STATE	ZIP CODE			69	DERMAS.	DM	
Overland	1 Park	KS	66210		The second second	287	RYASIN	25	
JOB TYPE_P	lop	HOLE SIZE	5 5/8	HOLE DEPTH			CASING SIZE & W		1
CASING DEPTH	0	DRILL PIPE		TUBING				OTHER	
SLURRY WEIGH	IT .	SLURRY VOL		WATER gal/s			CEMENT LEFT in		
DISPLACEMENT		DISPLACEMEN	IT Del	MIX PSI	~				1.
	0112 2			bing to	70		POX MSSK		× (20)
P	1 9 " 1	W L	to 500	. 0		2 5 14	/		20-(1)
2.11		6, w. d	0 350'	Pa 1	T /	the same of the same of the	1 50 / Ce	ment.	
7311		, 1			No	SUV	face. Pull	romain	'nr
NU	p you 4 4	-078 04x	well.	was	n 0	U+ 1	Tubing		0
		10 Val	70	s 145 50/3	50 Pa	mis	· Convert 6	7/2 acl.	
							0		
							Frud I	1-0-	
							1 -ucc 10	acul	
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION of	SEDVICE	C or DE	ODUCT	LINUT DOIGE	

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N		PUMP CHARGE Plug to About day 368		103000
5406	30m',	MILEAGE 368		12000
5407	minimum	7 on Miles 558		35000
55020	Zhrs	80 BBL Vac Truch 369		18000
1/5//				
1124 1118B	70 SES 353##	50/50 Por Mix Coment Dyeminn Cel		76655
		SCANNE SCANNE		
vin 3737		7.52576		6326
	-1	250107	ESTIMATED	2583

I 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.