

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

1092989

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				
Name:					Spot Description:				
Address 1:					Sec Twp S. R East Wes				
Address 2:					Feet from North / South Line of Section				
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	County:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #:									
s ACO-1 filed? Yes	No If not, is v	vell log attached? Yes	No	The plugging proposal was approved on: (Date,					
Producing Formation(s): List	All (If needed attach anot	her sheet)		by:(KCC District Agent's Name,					
Depth t	to Top: Bo	ttom: T.D		Plugging Commenced:					
Depth t	to Top: Bo	ttom: T.D							
Depth t	to Top: Bo	ttom: T.D		riugging	Completed.				
Show depth and thickness of	all water, oil and gas for	mations.							
Oil, Gas or Wate	er Records		Casing R	g Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
ement or other plugs were u	used, state the character	of same depth placed from (bo	ttom), to (t	op) for ead	ch plug set.				
Plugging Contractor License #:									
Address 1:			Address 2	2:					
City:				State:		Zip:	+		
Phone: ()									
Name of Party Responsible f	or Plugging Fees:								
State of	County,			_ , SS.					
					mplayon of Onerster -	r Operator on abo	ovo docoribe d		
(Print Name)				Er	iipioyee oi Operator o	Operator on abo	ove-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 Offaula
FOREMAN Alan Made

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

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676	(CEMEN	1T			
DATE	CUSTOMER #	WELL NA	ME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
8-28-12 CUSTOMER	4448	Knobe A		R-1	SE 10		22	US.
156050	is Resol	inces Ex	+1)		TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS	41		li .	516	Ala Mark	Safet	Meo
9393	W110	14		1,	666	GarMao	6M	1
CITY		. ,	CODE		365	DerMan	om	
Overlag		15 16	60810]	510	Sex Tuc	135	
JOB TYPE	43	HOLE SIZE		HOLE DEPT	H 75 5	CASING SIZE &	WEIGHT 2	18
CASING DEPTH		DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL		WATER gal/	sk	CEMENT LEFT I	CASING	-
DISPLACEMENT		DISPLACEMENT PS		MIX PSI	1 1	RATE / O	pn	
REMARKS: #/	- 10	. ===	-, E	57961	5400 ro	ite. Mix	ed + pu	nped
44	1	50 Cen	PINT	plus	200 5	el. Had	Poor	
Circa	alarion	- Filled	K FO	10 CH	tace.	Fulled	1 00	1
and	to flex	oft w	174	10	SK.			
	34	sk total	,			-	-	
	5 %	sk Notal		*				
						1	1100	9-
						16	Mes	
ACCOUNT	QUANITY	or LIMITS	DE	SCRIPTION	f SERVICES or	PRODUCT	LINIT PRIOR	
CODE	QUANTIT				JEKVICES OF		UNIT PRICE	TOTAL
5405N			MP CHARG	iE		666		1030.00
5406	30	-	LEAGE			1066	-	120.00
5707/	696	D	Tonu	siles		510 00		4334
5502C	×		80 V	4		369		180.00
							-	
		, ,	- 753	\				-0.0
424	5'	7 5	0150	cen	rent			591.30
111813		1#	541				-	19.11
1123		8	CITY	wat	ev			29.70
						45		
						-		
·						· .		
						•	<u> </u>	
							CAT	
-							V 601	
							DALES THE	48.17
Ravin 3737							SALES TAX ESTIMATED	
							TOTAL	2111.62.
AUTHORIZTION	MARY	<u> </u>		TITLE			DATE	

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

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