

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

1096419

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 #:			1	API No. 15	- -	
Name:						
Address 1:				•	·	wp 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:				Footages	Calculated from Neare	est Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:		
Water Supply Well	Other:	SWD Permit #:		-		Well #:
ENHR Permit #:	Gas Sto	orage Permit #:				Woll #.
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	No		•	oved on: (Date)
Producing Formation(s): List A	All (If needed attach another	r sheet)		by:		(KCC District Agent's Name)
Depth to	Top: Botto	om: T.D		Plugging (Commenced:	
Depth to	o Top: Botto	om: T.D		00 0		
Depth to	Top: Botto	om:T.D				
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water	r Records		Casing R	Record (Surfa	ace, Conductor & Produ	ction)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us						ds 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	Countv			_ , SS.		
	3 , -				ployee of Operator or	Operator on phase described
	(Print Name)			Em	ployee of Operator or	Operator on above-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.



DATE_

FOREMAN

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

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT CEMENT

				CLIAILIAI				16-5
DATE	CUSTOMER #	WEL	L NAME & NUM	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-10-11	1236	Yourk	10 8	1-Tade	21	12	32	LOGAN
CUSTOMER	01		1 11 1	OAKIAI			FRANKLI I	
	. Alisa	~		-S-UTE-	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS				RdIW	463	Jenny		
4				1/2 1	460	Joelant		
CITY		STATE	ZIP CODE	10:0				
				0				
JOB TYPE	A TE	HOLE SIZE	7718	HOLE DEPTH_	4740	CASING SIZE & W	/EIGHT	
CASING DEPTH		DRILL PIPE	4/1/2	TUBING			OTHER	
SLURRY WEIGH	1114.1	SLURRY VOL	.40	WATER gal/sk_	6.7	CEMENT LEFT in	CASING	
DISPLACEMENT		DISPLACEMEN		MIX PSI		RATE		101
REMARKS: 5	N plage	refin	on Pic	FIELL # 10	D. Plau	sold bra a	Asoldo	rd
259 PS		80'				,		
1009 KS	P. 15	91	e l	スロラッドラ	60/40	1005 4 9c	sel litt.	Closer
40 gkg	@ 3	15'						
10 5KG	, @ 1	(0'	S pa la	F		And The state of		
309 KS	IN R	H			8			
188025	and the second		- 1	The second		Ÿ.		
The same						Thank	(CU214	& Crece
No.								

		the state of the s	77-4-	THE PARTY NAMED IN
CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 W	1	PUMP CHARGE	132500	132500
5406	10	MILEAGE	500	5000
5407	8.8 10 N	Tom Wilence Delivery (min)	41000	41000
1131	205 sks	60140 205	1510	309550
(118B	705≠	Bendon'de	125	17635
1107	51#	2105041	283	142 83
4432		8518 woodens plug	9600	9600
		1000		
		Subdodal		529637
2		1835 1000		529 63
		er therein are in the first even a		THE ALL
		5000004		476693
		Ha alight and		
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			- Intitut 5	all dela Francisco
		à		
		G.	•	
Devide 0707	112 20		SALES TAX	
Ravin 3737	- 1 1	17.11	ESTIMATED TOTAL	

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.



TICKET NUI	MBER_	3	70	85	
LOCATION	DAt	1001			
FOREMAN	FUT	2-24			

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

FIELD TICKET & TREATMENT REPORT

020-431-3210	01 000-407-007	0		CEMEN	1			125
DATE	CUSTOMER #	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
8-39-12	1276	TATE	founkin	#21	71	12	32	LOSUR
CUSTOMER				0,441011	AND CHEE			Constitution
6. L. F				5. VIE	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS			red	463	Jerry		
*				1.w-	566	Jurdanh		
CITY		STATE	ZIP CODE	1 N-				
			M = 7-	Wit				
JOB TYPE 5	SALE	HOLE SIZE	12114	HOLE DEPTH	767'	CASING SIZE & W	EIGHT 75/	3
CASING DEPTH	762'	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH	IT 14.7	SLURRY VOL_	1.36	WATER gal/s	k 6.5	CEMENT LEFT in	CASING 7	2'
DISPLACEMENT		DISPLACEMEN		MIX PSI		RATE		
REMARKS: 5	N MER	surpos	on Piel	51611 A	\$10 Ris	by AVD.	tal using	9
Mix 21	155125 0	1955 A"	301016	7 400	-el . D'171		12 BBL 1	
shot y	~ (0	mort of	d (11)	whate	APPIOX P	HBBL .		
				raid.		4		
	A DE A HEATTE	C THEOTHE	4	h.				
	1 7	7	W					
	(4)		1			Thounts -	Fuzzeta	Cupie

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL			
54015		PUMP CHARGE	108500	108500			
5406	10	MILEAGE	500	50 00			
54070	11.5	Ton milence Delivery	41000	41000			
11045	2459/25	CLASS A convert	1765	43242			
1102	691#	Calcium Chloride	,89	614 99			
11188	461+	Bendovide	125	115 25			
,		1 Apples	2 86	6599 49			
		1855 10000		659 94			
		5 do do dal		59395			
X							
		i i	100				
			4	of will so and			
			1				
avin 3737	E		SALES TAX	1/2			
	1 1	-	TOTAL				
UTHORIZTION	Mug Illes	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