

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

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	5					
Name:				Spot Desc	ription:					
Address 1:					Sec 7	wp S.	R East West			
Address 2: State: Zip: +					Feet from North / South Line of Section Feet from East / West Line of Section					
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 #:		County: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No				(Date)			
Producing Formation(s): List A	All (If needed attach another	sheet)					(KCC District Agent's Name)			
Depth to	o Top: Botto	m: T.D		•						
Depth to	o Top: Botto	m: T.D								
Depth to	o Top: Botto	m:T.D		Plugging C	completea:					
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Water	r Records		Casing I	Record (Surfa	ace, Conductor & Prod	uction)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out	Pulled Out			
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for each	n plug set.					
Plugging Contractor License #:				ne:						
Address 1:			Address	2:						
City:				State:		Zip:	+			
Phone: ()				-						
Name of Party Responsible for	or Plugging Fees:									
State of	County, _			, ss.						
	,				ployee of Operator or	05	or on above-described well,			
	(Print Name)			_ <u></u> Em	pioyee of Operator of	Operato	n 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



Jim

AUTHORIZTION_

H3 SACK PUMPED IN PICKET NUMBER 34985

10 SX between CHSING LOCATION OF LAWY

SANDING FOREMAN Alan Made

FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720

20-431-9210	or 800-467-8676			CEMEN	I			
DATE	CUSTOMER#	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10.2.12	1448	Schulte	is-Nast;	1-83	SW 34	16	25	M:
BOLCOF	D.16.1	D . SO. A	vices		TO LOW	(第一章 章) 埃尔尔		1
MAILING ADDRE	SS	a jev	U ICES	0/0/30	TRUCK#	DRIVER	TRUCK#	DRIVER
30805 (11) water Rd							Safety	4
CITY	-viv-w	STATE	ZIP CODE		388	Der Mas	1010	
Louisbo	ara	16.5	64053		548	Drengu	BM	
OB TYPE PIL	7	HOLE SIZE		HOLE DEPTH	39-10-	CASING SIZE & V	VEICUT 61	6
ASING DEPTH	VIII	DRILL PIPE		TUBING 3/		CASING SIZE & F	OTHER	d_
LURRY WEIGH		SLURRY VOL_		WATER gal/s		CEMENT LEFT in		0 /
SPLACEMENT		DISPLACEMEN		MIX PSI	_	RATE	CASING	
EMARKS: Ho		neet		1: shell			umpel	1 43
1k5 50		neu+		7050	I Tance	cted &	1000 Alice	down
casino	a Wel	1	sured.	10 40	500 P	ST Let	+ 500	149
Full.	Mixel 1	Louin	-	SACKS	CRMP +	doma	3/4 0	VY
DU DE	itside	of we	16 6	raula	ited co	ment	hoft	
Auts:	le full					*******		
	A CLU HO	53	SK tot	tal		3,40	898.00	
		THE YOU	RE NEED				Mad	Os.
OGBOCK	1 Water					1 Den	Noo	
						The		
CODE	QUANITY	or UNITS	DES	SCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5405A		I	PUMP CHARGE 368					695.00
5406	40		MILEAGE			368		160.00
407	nin		ton	riles		545		350.00
1124	5.3		50150	cem	ent			580.35
111833	89	#	cel					18.69
11100			30					101-1
			7					•
			7					
	far.				-			

		*******		Major en en else				
		Ramaniti I				30		
			 				The state of the s	
							Washington and the same of the	
							SALES TAX	45.23
in 3737	ND COL	n pau y	rep				SALES TAX ESTIMATED TOTAL	45.23

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

253385