

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

1099993

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			
Address 1:			-		Sec	Twp S. R	East Wes	
Address 2:			-		Feet from	n North / Sou	uth Line of Section	
City:				Feet from East / West Line of Section				
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic d	County:				
Water Supply Well	Other:	SWD Permit #:		-		Well #:		
ENHR Permit #:	Gas S	Storage Permit #:		Date Well Completed:				
s ACO-1 filed? Yes	No If not, is w	vell log attached? Yes			•	proved on:		
Producing Formation(s): List	All (If needed attach anot	her sheet)			•	(KCC Di s		
Depth		ttom: T.D						
Depth	to Top: Bo	ttom: T.D						
Depth	to Top: Bo	ttom: T.D		'lugging (Completed:			
Show depth and thickness of	f all water, oil and gas for	mations.						
Oil, Gas or Wate	er Records		Casing Red	cord (Surf	ace, Conductor & Prod	luction)		
Formation	Content	Casing	Size					
					3 21			
zement or other plugs were u	used, state the character	of same depth placed from (bo	ittom), to (top	i) for each	n plug set.			
Plugging Contractor License #:			Name:					
Address 1:			Address 2:					
City:			s	State:		Zip:	+	
Phone: ()								
Name of Party Responsible f	for Plugging Fees:							
State of	County	/,		, ss.				
				Fm	plovee of Operator o	r Operator on abo	ve-described well	
	(Print Name)				picyco or operator o	Operator on abt	accombed 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 # 180 E1Dora do

FOREMAN Jacoh Storm

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

FIELD TICKET & TREATMENT REPORT

020-431-9210 OF 800-467-8676 CEMENT								
DATE	CUSTOMER #	DMER # WELL NAME & NUMBE		BER SECTION		TOWNSHIP	RANGE	COUNTY
10-24-12		G SO	nmidt :	#1	20	223	3 w	Harry
CUSTOMER							- T	,,,,,
MAILING ADDRESS				TRUCK#	DRIVER	TRUCK#	DRIVER	
WAILING ADDRE	=55				603	Jeff		
CITY					491	Jeramy A		
CITY		STATE Z	IP CODE		511	Jarcob		
JOB TYPE Plu	9 B	HOLE SIZE 12 1/	4	HOLE DEPTH	?	CASING SIZE & W	EIGHT 13 3/8	
CASING DEPTH 258 DRILL PIPE			TUBING 23	18	OTHER			
SLURRY WEIGHT 13.5 SLURRY VOL		WATER gal/sk						
DISPLACEMENT 2 DISPLACEMENT PSI		MIX PSI		RATE				
REMARKS: Safty meeting, Run taking to 519 f					9 P4 mi		20/20	~ 3 31/v
displace with 1/2 hhl, pull up to 300ft wait 2hr Run wire live Tiger coment at #11 ft mix 2505ts 20/30 41/gel curculating count								
coment	at # (1	ft mi	x 23	OSt5	20/30	41/-01	current l	15 - C - STORY
TO SC	eface					9	Car Carry	Je Callers
			1					

		The second secon		
ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5400)		PUMP CHARGE	1325,00	B25.00
5406	10	MILEAGE	1000,00	Desico
5407		min bulk delivery	410,00	410 00
1127	265	70/30 POZ MÍX	15.10	4001,50
11 is B	1060	gel	.25	265.00
#				265:00
1102	160	calcium chloride	.89	142.40
		The state of the s	80	12,10
	*			
			Subtotal	6193.90
			240,241	S I Ve IV
Ravin 3737			SALES TAX	
	//////		ESTIMATED	
AUTHORIZTION_	MILM	TITLE_	TOTAL	
		- IIILL	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.