

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

1100929

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 Description:						
Address 1:					Sec 7	wp S.	R East West			
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 Cathodi	ic	County:						
Water Supply Well	Other:	SWD Permit #:		County: Well #:						
ENHR Permit #: Gas Storage Permit #:					Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No	The plugging proposal was approved on:(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		Plugging Commenced:						
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	asing Record (Surface, Conductor & Production)						
Formation	Content	Casing Siz			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,			
		_ <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



TICKL. NUMBER_ LOCATION Eureka FOREMAN Shannon Feck

	hanute, KS 6672 or 800-467-8676		LD TICKE			EPURI # <i> 5-111- 20</i> 0	166	K
DATE	CUSTOMER#		NAME & NUM	BER	SECTIO	TOWNSHIP	RANGE	COUNTY
11-3-12	3314	Leffor	# 1	. 46.4504F-47.45F-45F-45F-45F-45F-45F-45F-45F-45F-45F-	2/	165	IOE	Lyon
CUSTOMER	lacier le			50mmi7	W. M			
<u>خا</u>	lacier le	<u>troleum</u>	Inc	Drlg	TRUCK		TRUCK#	DRIVER
P.O. Box 577				Co.	520	Allen B		
			Tain none	4	61	Chris m		
Em Porio		STATE KS	ZIP CODE					
•		1 .	1				<u> </u>	
	A 0	HOLE SIZE_7	6" 0.N	HOLE DEPTI	H_3370'	CASING SIZE & \		
-		DRILL PIPE 4					OTHER	
LURRY WEIGH		SLURRY VOL_		WATER gal/s	k	CEMENT LEFT In	CASING	—
ISPLACEMENT		DISPLACEMEN	T PSI	MIX PSI		RATE	entrology (see a ferminal property of the property of the ferminal prop	
EMARKS: Ki	9 JP 70	4" 14#	Drill pipe	e & Se	+ Follo	owing plugs		
			• •			<i>J</i> .		
	#1 @ 3	3350' W	15 5KS	•				
	#20 3	3255' W	15 SKS					
	#3@ 2	2550' W/	15 5k5					
	#4@ 1	400' W/1	5 5K5					
	#5@ 3S	50' +0 Sur	face W/1	005KS				
			lal 1605	THE REPORT OF THE PARTY OF THE	energia en 19 met Decembro de Britalita (1980) e 460			
								er e
ACCOUNT CODE	QUANITY or UNITS		DE	SCRIPTION of	SERVICES o	UNIT PRICE	TOTAL	
5405 N	/ PL		PUMP CHARG	PUMP CHARGE				1030.00
5406 60		MILEAGE				1030.00	240.00	
			Characteristics (Carried Color					
1/3/	160.	SKS	60/40	Poznik	Lemen	+	12.55	2008.00
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vin 3737			<u></u>			1.276	ESTIMATED	ماما لمارا
ni vivi							TOTAL	4101.66
THORIZTION	Darl	1		TITLE			DATE	- Control of the cont

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.