

Employee of Operator or Operator on above-described well,

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

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. 8	32-3-117			
OPERATOR: License #:				API No. 15	i	
Name:				Spot Descr	ription:	
Address 1:					Sec 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 C	Calculated from Near	est Outside Section Corner:
Phone: ()				1	NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic	Country		
Water Supply Well O	Other:	SWD Permit #:		•		Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No		•	roved on: (Date)
Producing Formation(s): List A	_ .ll (If needed attach another	sheet)	_			(KCC District Agent's Name)
Depth to	Top: Botto	m: T.D				
Depth to		m: T.D		00 0		
Depth to		m:T.D		Plugging C	completed:	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records	Casina			ice, Conductor & Produ	uction)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
		Jane 9			3 27	
			+			
Describe in detail the manner cement or other plugs were us		•		•		ods used in introducing it into the hole. If
Plugging Contractor License #	:		Name: _			
Address 1:			Address	; 2:		
City:				_ State:		
Phone: ()				_		
Name of Party Responsible for	r Plugging Fees:					
State of	County.			. SS.		

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.

(Print Name)





LOCATION Euroky

FOREMAN STEWN Men &

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

FIELD TICKET & TREATMENT REPORT

10-12/2	CUSTOMER#	WELL NAME & NUI		SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER		STarTz \$3.12	1	心.PS/arkitasesame			Allan
SLURRY WEIGHT SLURRY VOL V		HOLE DEPTI TUBING WATER gal/a MIX PSI	:k	CEMENT LEFT in C	OTHER	DRIVER	
	70.70	10 sks 50° 10 sks 50° 50 sks 200° 1 70 sks 66	plug AT Plug AT To Suff	1200' 750' ace + Tay 2 mix (em	ent 42a Ge	<u>-/</u>	

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	
5405N	1	PUMP CHARGE		
5406	46	MILEAGE	1030.00	1030.00
		MILLAGE	4.00	180.0
1131	70sks	66/110 8-2-1 6-		
11188	2404	Gal 4%	12.55	878.50
		Gel 7%	-21	50.4
5407	3.01	Jon Mileage Bulk Truck		
		July Bulk / I ack	mic	350.00
				2 12 12 12 12
	1			
	- v			
	1		Subtotal	2488.90
1 3737	11,	262406 755%	SALES TAX	70.M
THORIZTION	Muto	<u> ක්රි</u> භිඛ්රි	TOTAL DATE	2559.04

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.