

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

1103422

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	i		
Name:				Spot Desc	ription:		
Address 1:					Sec T	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 Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.				County: Well #: Date Well Completed: The plugging proposal was approved on: (Cate) by: (KCC District Agent's Name) Plugging Commenced:			
		m: T.D		Plugging Completed:			
	5 гор Воло	1.5.					
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	Records		Casing R	Record (Surfa	ace, Conductor & Produ	rction)	
Formation	Content	Casing	Size	<u> </u>	Setting Depth	Pulled Out	
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (t	op) for each	plug set.		
Plugging Contractor License #:			Name: _	ame:			
Address 1:			Address	2:			
City:				State:		Zip:+	
Phone: ()							
Name of Party Responsible fo	or Plugging Fees:						
State of County,				_ , SS.			
					ployee of Operator or	Operator on above-described well,	
	(Print Name)			EM	pioyee of Operator or	Uperator 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.





LOCATION Fureka

FOREMAN STEWS TARGET

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

FIELD TICKET & TREATMENT REPORT 15-107-24639 CEMENT

DATE	CUSTOMER#	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
10-10-12	1838	Mitchell Family	Trust J-10	36	21	21 E	Live
CUSTOMER	_	•					
<u>Co/7</u>	Energy ESS	Inc		TRUCK#	DRIVER	TRUCK# ·	DRIVER
MAILING ADDRI	ESS			485	Alan m		-
P. a. 13a	x 388			515	Joex		
CITY	•	STATE ZIP CODE					
Zola		Ks 66749					
JOB TYPE_P	TA	HOLE SIZE 6 3/4	HOLE DEPTH	837	CASING SIZE & W	/EIGHT_	
CASING DEPTH DRILL PIPE				OTHER			
SLURRY WEIGHT SLURRY VOL		WATER gal/s	CEMENT LEFT IN CASING				
DISPLACEMENT PSI							
REMARKS: Sofry Micetine: Ris up to 234 Tubing. Break Circulation and Fresh water							
wash down Tubing 60°. Anix 500 Gel Flush (Cal hole up CO. Cal) Mix							
30 sks Class A Cement Ly 2% Gel & 18 cacle. Pull Tubing out To 250'- Break							
Eleculation.	Mix 75	SKS ClassA Camen	12% Ce	112 Coc	Le Pullo	ut Tubic	. Tup
Girculation, Mix 75 strs ClassA Cement 22 Cel 1/2 Cocke Pullout Tubing Top Well off. Job Complete Rix down							
		**					
Thank you							
				······································			

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N		PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200-00
11045	1055153	Class A Coment	14.95	1569.75
1102	98-A	1% Cocle	.74	72.53
111813	195 ±	2% Ge1	.21	40.95
5407	4.94 Jons	Tonnilege Bulk Truck	mic	350-09
		<i>j</i>		
			Subratal	3263.22
avin 3737		1.32°	SALES TAX ESTIMATED	106.04
	R n 111	~/ 90516M	TOTAL	3369,26
UTHORIZTION	To R. Sapla	TITLE	DATE 10/1	1/2012

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.