

**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

## 1104928

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 #:			APIN	No. 15			
Name:				Description:			
Address 1:				Sec T	ſwp S. R East West		
Address 2:				Feet from	North / South Line of Section		
City:				Feet from East / West Line of Section			
Contact Person:			Foota	Footages Calculated from Nearest Outside Section Corner:			
Phone: ( )				NE NW	SE SW		
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi  SWD Permit #:  rage Permit #:  log attached? Yes	Leas Date	County: Well #: Well #: The plugging proposal was approved on: (Date was approx appr			
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC <b>District</b> Agent's Name)		
		m: T.D					
Depth to	o Top: Botto	m: T.D	1				
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:			
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
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	:	Zip:+		
Phone: ( )							
Name of Party Responsible fo	or Plugging Fees:						
State of	County		. 88				
				Franksis of Orest	Operator on all size described to		
	(Print Name)			Employee of Operator or	Operator 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

(L	CONSOLIDATED OU WALLSENVISHE, LLCS
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TICKET NUMBER	38935_
LOCATION Officer	a.KS
· FOREMAN (asey	Kennedy

	FIELD TICKET & TREATMENT	REPOR
PO Box 884, Chanute, KS 66720	CEMENT	

O Box 884, Cn 20-431-9210 O	anute, KS 667. r 800-467-8676	i .	CEMEN		·		OOUNTY I
DATE	CUSTOMER#	WELL.	NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/2/12	7966	S. Beck	meyer # W-1	SE 32	/5	21	<u>IR</u>
LISTOMER			70	TRUCK#	DRIVER	TRUCK#	DRIVER
	PLE T			481	Carken	Souto	Medina
AAILING ADDRE				Coldo	Gar Moa	V	. 2
	3OX 339	STATE	ZIP CODE	503	Dan Det	V	
OTY A - b-1		Kδ	126053			;	
Louisbu				H	CASING SIZE & V	VEIGHT Q	
IOB TYPE PL	9700	HOLE SIZE	TUBING			OTHER	
CASING DEPTH		SLURRY VOL		sk	CEMENT LEFT in	casing $+2c$	<u> </u>
SLURRY WEIGH	1	DIEDLACEMENT	psi MIX PSI		RATE 2 be		<del></del> _
DISPLACEMENT		.3.4	1 / 1 - 1 - 2 - 2	elation this	ough 1" +	ubing ran	to
REMARKS: VV	Star Safety	1 + - 3	established cita	so Populy	cornect	w/ 2 20 g	of per
casting T	- + 40 C	orface,	ulled 1" tubi	us from	vell, topp	ed well	~ <del>(4</del> . ~/_
5 sks c	10. 10.01 D			<del></del>	\	<u> </u>	<u>.                                    </u>
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<del></del>					<del></del>	/	:
					/		
			<del></del>			UNIT PRICE	TOTAL
ACCOUNT CODE	QUANIT	Y or UNITS	DESCRIPTION	of SERVICES or PF	CODUCT	UNIT PRICE	<u> </u>
5405 N			PUMP CHARGE				1030.00
5406	on lea	15.2	MILEAGE	<u></u>			
5402	720		casing footog	e			1-15-00
5407	<del>                                     </del>	nimum_	ton mileage			<del></del>	175,00
<u> </u>				<u> </u>		<u> </u>	
							273,75
1124	25	s(=s	Solso Pormix	cement	,	<u> </u>	8,82
11183	42	#	Premiun Ge	<u> </u>			0,00
1100						<del> </del>	
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			<del> </del>		1.8%	SALES TAX	22.04
						ESTIMATED	1509.61
Ravin 3737		_				TOTAL	1001.00

AUTHORIZTION No. Co. Rep. on local entitle DATE

Lacknowledge 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.