

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

1105910

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				
Name:					Spot Description:				
Address 1:					SecTwp 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 Cathoo	dic	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 log attached? Yes	No	The plugging proposal was approved on:(Date)					
Producing Formation(s): List	All (If needed attach and	other sheet)		by: (KCC District Agent's Name) Plugging Commenced:					
Depth	to Top: E	Sottom: T.D							
Depth	to Top: E	Sottom: T.D							
Depth	to Top: E	Sottom:T.D		Plugging Completed:					
Show depth and thickness o	f all water, oil and gas f	ormations.							
Oil, Gas or Wate	er Records		Casing R	ecord (Sur	face, Conductor & Prod	luction)			
Formation	Content	Casing	Size	Setting Depth		Pulled Out			
		lugged, indicating where the muer of same depth placed from (bo							
Plugging Contractor License #:									
Address 1:			Address	2:					
City:				State:		Zip:	_+		
Phone: ()									
Name of Party Responsible	for Plugging Fees:								
State of	County,			_ , SS.					
					nployee of Operator o	r Operator on above	a-described well		
	(Print Nam			_ <u> </u>	inhioyee of Operator o	Delator on above	-uescribed 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



259790

ticket number 42026

LOCATION Officery
FOREMAN Glan Made

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	17000410111	NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
6-19-13	4015	LOON	Le	1-21	NU 32	15	21	FR
CUSTOMER	TTC.	0:1						
MAILING ADDRE	SS	011			TRUCK #	DRIVER	TRUCK#	DRIVER
3568	38 Plan	m Cree	r		3/6	13/an //		
CITY	, , , ,	STATE 2	ZIP CODE		548	PAMA)	
Osquato	mie	K5	66064		278	11.KH39		
JOB TYPE PL		HOLE SIZE		HOLE DEPȚI	1	CASING SIZE & V	WEIGHT 2	7/0
CASING DEPTH	650	DRILL PIPE		TUBING_6		.,	OTHER	-
SLURRY WEIGH	т	SLURRY VOL		WATER gal/s	k	CEMENT LEFT in		
DISPLACEMENT		DISPLACEMENT	PSI	MIX PSI		RATE		
REMARKS: H	objed	to 1"	11510	le s	1 271	8. Est	961:5	her
rate.	Mixed	d pu	mped	cen	rent	unxi1	1+ C	roalate
Pulled	1"00	at To	pped	off	nell.	Hookers	2 din	927/2
to co	25. ne 0	- inte	cied,	3.5	5 cen	rent		
USEd	eusto	ners	wate	or tr	ruck			
					· · · · · · · · · · · · · · · · · · ·			
	253	SK tot	9/		-			
USE	D ITC					0		
VIOL	-0 3/6					Hant	Mo	Ap-
ACCOUNT	QUANITY o	or LINITS	DES	CRIPTION of	SERVICES or PR	ODUCE		
CODE	- GOARTT C	, child	DLG	CKIFTION OI	SERVICES OF PR	RODUCT	UNIT PRICE	TOTAL
5405M			UMP CHARGE			368		1085.0
57Ub		N	IILEAGE			368		
3701		min	-ton	Mil	es	548		184,00
				***************************************		-		
1/24	25		5015	200	40 2/			007 00
1100	12	6#	20170) cen	nent			08 1.50
11180	(4)	6-	90/					27.72
			-			4 .	<u> </u>	
			***************************************			4		
			-	=		100		otod

					V Harry Valence and Au	ध्ये काह		
	-2		7				SALES TAX	2W 59
lavin 3737	7/ /	0//	7				ESTIMATED	1586 2
	1 16	4000	•				TOTAL	1608:81
AUTHORIZTION_	00		Т	TTLE			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.