

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

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			
				Spot De	scription:			
Address 1:					Sec 1	Гwp 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 Catho	odic	Country				
Water Supply Well		SWD Permit #:		-				
ENHR Permit #:	Gas	Storage Permit #:		Date Well Completed:			Well #:	
Is ACO-1 filed? Yes	No If not, is v	vell log attached? Yes			gging proposal was app			
Producing Formation(s): List	— All (If needed attach anot	her sheet)		by:(KCC District Agent's				
Depth t	to Top: Bo	ottom: T.D						
Depth t	to Top: Bo	ottom: T.D		00 0	Commenced:			
Depth t		ottom: T.D		Plugging	g Completed:			
·								
Show depth and thickness of	all water, oil and gas for	rmations.						
Oil, Gas or Wate	er Records		Casing Re	cord (Su	urface, Conductor & Prod	uction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		3 3 3			3 37			
cement or other plugs were u	ised, state the character	of same depth placed from (b	ottom), to (to	p) for ea	ch plug set.			
Plugging Contractor License	#:		_ Name:					
Address 1:			_ Address 2	:				
City:				State:		Zip:	+	
Phone: ()								
Name of Party Responsible f	or Plugging Fees:							
State of	Count	у,		, SS.				
					mployee of Operator or	Operator on	ahovo-described well	
	(Print Name				inployee of Operator of	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





TICKET NUMBER_	35549
LOCATION Eur	Ka
FOREMAN STOU	essead

FIELD TICKET & TREATMENT REPORT

	or 800-467-8676	T MAIT	1 NAME 9 NO IM		I SECTION	5 - 1 <i>15 - 214</i> 5 TOWNSHIP	RANGE	COUNTY
DATE	CUSTOMER#	WELL NAME & NUMBER			- OLO HON			
0-3-12	2698	Scully	1-26		16	183	IE	Mucler
O-8-12 USTOMER		_			TRUCK#	DRIVER	TRUCK#	DRIVER
Hess	Oll Comp	an Y		-{		- 		
				Į.	485	Alenm		
8.0.1	Bex /009		Tara cons		515	Calia	 	
ITY		STATE	ZIP CODE			_	+	
Mechan	ign	Ks	67460				- 23	4- 2-7
OB TYPE ST	erface o	HOLE SIZE_	124	HOLE DEPT	H_ <i>_73.5</i>	CASING SIZE &		X 50.
	H_225'	DRILL PIPE_		TUBING		<u> </u>	OTHER	<u> </u>
SLURRY WEIGHT SLURRY VOL DISPLACEMENT 14 1/2 DISPLACEMENT PSI REMARKS: Softy Meeting Ris up 70 8 1/8 1/8 1/25 5 Ks C/4			WATER gal/sk		CEMENT LEFT in CASING_/5 ¹ RATE			
								JISPLACEME
REMARKS: 5	17 7 / // /eg / s	ng Kist	ar Chr. Cl	Last De Co	man I let	13% GOC/2	29/11/09	1247
ump 19 4	Mr apeacl	<u> </u>	25) A1 (/	44.64	le Coach	CNOTEC. S	Aut lus	11 60 -
. / .)	A	1 27 210	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7 - 7 - 7 - 7				
Good Ca	ment Retu	erac Pacu	rface	14661 5 S	CULLY IV 141			
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				hanle yo	<u>u</u>			

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CODE		PUMP CHARGE	825.00	825.00
54015	50	MILEAGE	4200	200,00
	126sk s	C/assAsement	14.95	1868.75
11045	350 F	Cac/2 3%	.21	259.00 49.35
111813	235# 30#	Flo-Cele & Pacisk	2.35	70.50
//07				38300
\$ 5407A	5.87	Tan mileage Bulk Truck	/.34	393.29
```				
				<del> </del>
			Subjos	3665.85
		0000 78	SALES TAX	/75.31
Ravin 3737		853067	ESTIMATED TOTAL	3841.70
_5	1 Dale Coult	t III.E NE	DATE	

**AUTHORIZTION** 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