

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

1108459

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

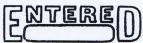
OPERATOR: License #:			l APII	No. 15 -					
OPERATOR: License #:				Spot Description:					
Address 1:				Sec					
Address 2:									
City:	State:	Zip: +		Feet from East / West Line of Section					
Contact Person:			Foota						
Phone: ()				NE NW	SE SW				
	Other:	SWD Permit #:	Cour	Date Well Completed: (Date) The plugging proposal was approved on: (Date)					
		rage Permit #:							
s ACO-1 filed? Yes	_	log attached? Yes							
Producing Formation(s): List A		rsneet) m: T.D			(KCC District Agent's Name)				
	•	m: T.D	Plug	ging Commenced:					
Depth to	•	m: T.D	I Plua	ging Completed:					
Dopuito	10p Botto	1.5							
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water			Casing Record	(Surface, Conductor & Pro	duction)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
Describe in detail the mainter cement or other plugs were us		-	•		hods used in introducing it into the hole. If				
Plugging Contractor License #	:		Name:						
Address 1:			Address 2:						
City:			State	ə:					
Phone: ()									
Name of Party Responsible for	r Plugging Fees:								
State of	County, _		, SS.						
				Employee of Operator of	or Operator 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.

(Print Name)

620-654-8342





TICKET NUMBER

LOCATION FI DOCADO KS 180 FOREMAN William Zabel

	hanute, KS 6672 or 800-467-8676	0 FIE	LD IICKE	CEMEN	IMENIKEP				
DATE	CUSTOMER#	WELL	NAME & NUM		SECTION	TOWNSHIP	35-0/6 RANG	74 F	COUNTY
11-16-12	1155	11:10	on B#	2	4	325	3 E		
CUSTOMER			IN B P	safter		2 % 3	36		Cowley.
MAILING ADDRE	ruce oil	Co		saftey need'm	TRUCK#	DRIVER	TRUCK	#	DRIVER
				TO TO	491	Jerme A.			
CITY	1 Limes	tone Rd	ZID CODE	auz	446	Josh G			
			ZIP CODE	and	526	Bille			
MePhe		KS	67460						
JOB TYPE Pha		HOLE SIZE	Big	HOLE DEPTH		CASING SIZE & V	VEIGHT	51/2	7 13
CASING DEPTH		DRILL PIPE				to court. \$4,000	OTHER_		
SLURRY WEIGH		SLURRY VOL			k	CEMENT LEFT in	CASING		
DISPLACEMENT		DISPLACEMENT				RATE			
REMARKS:	Campal Ca	ment Do	WA 3/4"	Pine DI	n outside	of cosing	to Fill	H	ole.
Cemen 7	to surfa	sc. 207	sa 60/	40 PSZ	4 % gel.	Purpoul	cement	1 6	own.
240" 7	abling in	side 5	1/2 1/0 /	Fill 40 .	Surface A	med 5050	ζ.		
						A			
ACCOUNT CODE	QUANITY o	r UNITS	DE	SCRIPTION of	SERVICES or PRO	ODUCT	UNIT PRI	CE	TOTAL
5401	1		PUMP CHARG	E Ceme	.4 0 1		_		
5406	5		MILEAGE	De	up Truck	4.00		1030,00	
3 700			MILLAGE		- Marie		7.00		200.00
1131	25	7 sox	10	140 Poz	M tu		12		2000
11186		0 165		moun Co		12.5		3225.35	
71100	70	کهار ک	Pre	Mun Co	<u>e</u> /		,2	\vdash	189.00
SUATA		50	01	1 1-1-	cry & Mg	0 / .	1-		221/11
340 / //		50	- Bull	E Deli V	21 4 10.9	2 70115	1.34	-	731.64
						Sul Total		4	5375.99
				01.	100		SALES TA	4X	ABA VI
avin 3737	0 -	7/		00°	779		ESTIMAT		1100 15
UTUODITTIO	Bert of						TOTAL	L	1609.10
UTHORIZTION	Variable 1	~~~		TITLE			DATE_//	-16	-/2

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.



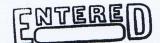


TICKET NUMBER 35417
LOCATION 80
FOREMAN AND TORM

PO Box 884, C	hanute, KS 667	20 FIE	LD TI	CKET	L & TREA	TMENT RE	PORT				
	or 800-467-8676				CEMEN		-18-035-	81674			
DATE	CUSTOMER#	WELL	NAME	& NUME	BER	SECTION	TOWNSHIP	RANG	E	C	COUNTY
11-15-12	1155	Wolse	الا	3 #	2	4	325	35	-	Co	when
CUSTOMER	at Pel	0-									
MAILING ADDRE	SS C		1		1	TRUCK#	DRIVER	TRUCK	(#		DRIVER
1704	Lamest	one Kl)			746	Josh				
Mopho	10 215H)	STATE	ZIP CC	60		539	harry				
JOB TYPE DIL	A B	HOLE SIZE	Rea	-	J	207 %					1 23
CASING DEPTH	5000	DRILL PIPE	1119		HOLE DEPTH	3:120	_ CASING SIZE & \		2	7'	137
SLURRY WEIGH		SLURRY VOL_			TUBING	L.		OTHER_			
DISPLACEMENT		DISPLACEMENT	r pei	7	WATER gal/s))	CEMENT LEFT IN	CASING_T			
REMARKS:	1.0 54	A .	- 2	50	11 17		RATE O. 4		10.	. (210-
A China	Ma 10	Cog At	7	201	T PUY	vb & Da	6 PDPA 4D P	peloc (JOC	w	MATON
IALIAND.	THO SRS	E CYHO	70	2-1	# 471	- WW-	- Drd wot	get	Cer	wei	J
30 ON 150	TAUS	· · · · · · · · · · · · · · · · · · ·						,			
ACCOUNT	QUANITY	or UNITS		DE	SCRIPTION of	SERVICES or P	RODUCT	UNIT PRI	CE	7	TOTAL
CODE		/	DUMP							10	
24074		-		CHARGI	=			695	7	-	3.00
9406		20	MILEAC	j <u>E</u>				4,00		SOK	9,00
1121		775	110	11	The A			10		2.1.	- 1 40
113		an	SKJ	64	144 162	-Mil		12.5		24:	3/19
11188		1100	105	6	el			131		a	31,60
				11	10	1					
5407 AH		50	Ru	IK &	Dellou	My VI	1.7 tous X	1.34	1	72	3.90
			9-			/	THE TOTAL OF A			10	01.10
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							MOYOHA			以下	2115
Ravin 3737) 1			SOUN	_		SALES TA		as	040
	0 1	1-			त्रहिंपी।	اق		ESTIMATI TOTAL		FAI	155
AUTHORIZTION	Bild	2			TITLE					اللا	1.00
								DATE			

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TICKET NUMBER 35346

LOCATION # 180

FOREMAN Jacob Stom

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

FIELD TICKET & TREATMENT REPORT

	CEMEN				
DATE CUSTOMER # WELL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-14-12 1155 wilson B	#1	4	32	3E	Cowley
CUSTOMER	C.Ch		0.00		
Bruce oil	Jaris	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS	megding	446	Josh		
1704 Limestone Road	25	491	Jerramy H		
CITY STATE ZIP CODE	Ja	511	Tuest		
mapherson KS 67460	UA		Jacob S		
JOB TYPE 1/19 B HOLE SIZE 7"		2780	CASING SIZE & W	EIGHT_211	
CASING DEPTH DRILL PIPE	_TUBING			OTHER	
SLURRY WEIGHT 14.516 SLURRY VOL	WATER gal/s	sk	CEMENT LEFT in	CASING	
DISPLACEMENT 10.36 DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: Saffy meating, Run +					1-1-0
Mix 128 sks class A 44 gel With 8 bbl pulled tubing	3414	cc 421h	Police Flo	La l'a	Obs O
With 8 hbl evilled to be	+000	11	100-714	T ar	3 C - CI
Job complete.	1 gar	Will C	ME HOL	01 2	260++
UDB EDPIPIESE.					

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE TOTAL
5401	1	PUMP CHARGE	1030,00 1030,00
SHOG	50	MILEAGE	4.00 200,00
5407]	min bulk delivery	350,00 350,00
11045	125	Class A	14.95 1868.75
1118 B	500	acl	,21 105.00
1102	320	Vealcium chloride	,74 234.80
1107	75	Poly-Flake	2,35 176.25
		V	
	•		
			Subtotal 3966,80
		0 (1110	1/ 0.63
Ravin 3737		1 3521712	SALES TAX ((2.3)
	1 1.h	Pa 50-8	TOTAL 4129.11
AUTHORIZTION_	dr Me	TITLE THY LINE	_ · DATE

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