

**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

## 11121//

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 #:			A	NI No.	. 15				
Name:				pot De	escription:				
Address 1:			-		Sec Tw	/p S. R East West			
Address 2:			-		Feet from	North / South Line of Section			
City:            State:            Contact Person:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County					
Water Supply Well	Other:	SWD Permit #:		-		Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC <b>District</b> Agent's Name)			
Depth to	o Top: Botto	m: T.D	_	Pluggin	na Commenced:				
Depth to	o Top: Botto	m: T.D		Plugging Commenced:  Plugging Completed:					
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Water	r Records		Casing Rec	ord (S	urface, Conductor & Produc	etion)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top	) for ea	ach plug set.				
Plugging Contractor License #:			Name:						
Address 1:			Address 2:						
City:			S	tate:_		Zip:+			
Phone: ( )									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		,	SS.					
(Print Name)				E	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





TICKET NUMBER 38390

LOCATION EUCK9

FOREMAN RICK Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT APIH 15-001-30569

20-431-3210	01 000-407-007	9		CEMEIA	1 // -	, , <u>, , , , , , , , , , , , , , , , , </u>		
DATE	CUSTOMER#	WELL NAME & NUME		BER	SECTION	TOWNSHIP	RANGE	COUNTY
1-2-13	1828	Hirk	# 10-	9	9	24	18 E	AL
CUSTOMER.	<u> </u>							
Co	It Energy	Toc			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS 3/				520	John		
6.0	. Box 38	8			467	Chais B.		
CITY		STATE	ZIP CODE					
Ial	la	125	(40749					
	T.A 6	HOLE SIZE_	63/4	HOLE DEPTH	1154	CASING SIZE & W	/EIGHT	
CASING DEPTH		DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	HT / 4 #	SLURRY VOL		WATER gal/s	k <u>7.</u> 6	CEMENT LEFT in	CASING	
DISPLACEMENT DISPLACEMEN								
						s as follow		
	11277 1.11.11	<del>''3 ''')</del>	Υ	79	33. 3			
			50 sks	@ 1154'				
			15 525					
				© 250' to	Sulface			
			05 34 3 (					

' THANK YOU'

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PROD	UCT	UNIT PRICE	TOTAL
SYOSA	1	PUMP CHARGE		1030.00	1030.00
5406	50	MILEAGE		4.00	200.00
1131	150 343	LOD/40 Poznin connt		12.55	1882.50
11123	515#	420 961		. 21	108.15
5407A	6.45	ton mileage bulk trk		1.34	432. <i>1</i> 5
11188	400 *	gel-flosh (spaces)		. 2)	84.00
			7.55%	SALES TAX	3736.80
avin 3737	Po 1	11/ 255836	1 16	ESTIMATED	1 <i>56.64</i> 3 <i>89</i> 3.45

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.

TITLE\_\_\_