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

1114309

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	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 Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Deptil to top Bottom: I.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:	
Address 1:		Address 2:	
City:		State:	Zip: +
Phone: ()			
Name of Party Responsible for Plugging	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugar an asthe says. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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.

Submitted Electronically

CONSOLIDATED			TICKET NUMBER 39279			9279		
	ill West Gereiq	m UC				LOCATION_	Oakley K.	5
						FOREMAN	FUZZY	
PO Box 884, Chi			ELD TICKE	T & TREAT	MENT REP	ORT		
620-431-9210 or				CEMEN	-			K5
DATE	CUSTOMER #	WEI	L NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-17-13	5659	SArc.	onto 1-10	5	15	175	2300	Ness
CUSTOMER MUN	N 1	-		41283				
MAILING ADDRES				- South	TRUCK #	DRIVER	TRUCK #	DRIVER
	-			140	463	Jenyy		
CITY	·	ISTATE	ZIP CODE	230	693	Jordon	Louden	
		SIAIE	ZIP CODE	Cart to				
L	<u></u>	<u> </u>		25-Eir				
JOB TYPE	<u>476</u>	HOLE SIZE	בורר	_ HOLE DEPTH	4550'	CASING SIZE & W	EIGHT	
CASING DEPTH		DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGHT		SLURRY VOL_		WATER gal/sk CEMENT LEFT in			CASING	
DISPLACEMENT_		DISPLACEMEN	IT PSI	T PSI MIX PSI RATE				
REMARKS: Sassedy meeding on www. 10 Ricus and Aluc As ordered								
SOSKSQ 1770'								
805K5@ 1050' 2805K5 60140 pos 490501 11445 105001								
50 5K3 (2 510	¢			1	•		
50 gks	e 270	, č		3 2			*********	
205KS @ 60'								
3054 .	N RH							***********

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Thanks Kuzzy + Crew

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CODE			1	
5405N		PUMP CHARGE	132500	132500
5406	10	MILEAGE	132500	5000
5407	12. Tow	Tow mileax + Delivery (min)	41000	41000
1131	2803KS	60140 205	1510	422800
1118 B	963# 70±	Bendonite	125	24072
1107	70±	F10-5+41	125	197 40
		5-540da 1	1.4	64515
		1455 10970		645,12
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1117	100	5414	<u>``</u>	NIC
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Ravin 3737			ESTIMATED	1.07010
AUTHORIZTION	Attel >	THE FORDER SLOVE	TOTAL DATE 1-17	(0070,60
AUTHORIZITUR	F P	TITLE TOO Houshon	DAIE FILT	

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.

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