

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

Gas Conservation Division

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

60 days from plugging date.	WELL PLUGGI K.A.R. 82		RD	Form must be Signed All blanks must be Filled
OPERATOR: License #:		API No. 15	5	
Name:		Spot Desc	cription:	
Address 1:			Sec	Twp S. R East West
Address 2:			Feet from	North / South Line of Section
City: State:			Feet from	n East / West Line of Section
Contact Person:		Footages	Calculated from Nea	rest Outside Section Corner:
Phone: ()		_	NE NW	SE SW
Type of Well: (Check one) Oil Well Gas Wel	OG D&A Cathodic	County: _		
Water Supply Well Other:	_	Lease Nai		Well #:
ENHR Permit #: Ga	s Storage Permit #:	Date Well	Completed:	
Is ACO-1 filed? Yes No If not, is	s well log attached? Yes	No The plugg	ing proposal was app	proved on: (Date)
Producing Formation(s): List All (If needed attach and	<i>'</i>	,		(KCC District Agent's Name)
Depth to Top:		Plugging (Commenced:	
Depth to Top:		I Pluaaina (Completed:	
Depth to Top:	Bottom:T.D	_		
Show depth and thickness of all water, oil and gas	formations.	<u>'</u>		
Oil, Gas or Water Records	(Casing Record (Surfa	ace, Conductor & Prod	duction)
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.

gging Contractor License #: Name: _							
Address 1:		Address	2:				
City:			State:		Zip:	_+	
Phone: ()							
Name of Party Responsible for Plugging Fee	s:						
State of	County,		_ , SS.				
				Employee of Operator 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)



256489

TICKET NUMBER 38783

LOCATION Oftawa

FOREMAN Alan Make

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

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER#	Water	EMENT		£ 5	1
2-4-13	5954	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	<u> </u>
CUSTOMER		Pearson III	16J SE11	1.5	- CONGE	COUNT
D-Jen MAILING ADDR	roc .		77.57.4.67.32		$\perp 30$	106
MAIL'ING ADDR	RESS		TRUCK#	DRIVER	TRUCK#	DOM/S
1200	phoreline	Da	316	Dlega Mod	Safex	DRIVER
CITY	STATI	ZIP CODE :	368	AN MED	ARMI	Meo
houis be	400 150		370	Be: Car	N/	
JOB TYPE	HOLE HOLE	66053	510	Set Tue	135	
CASING DEPT		PIDE	E DEPTH	CASING SIZE & V	VEIGHT 6) 4	ļ
SLURRY WEIGH			NG		OTHER	
DISPLACEMENT	020(1)		ER gal/sk	CEMENT LEFT in		
REMARKS: A	10	ACEMENT PSI MIX I	S[RATE 4.40	CASING TES	
50/30	eld maghin	s, Established	rate. Mixa	1	- 1	21:
1120	cement p	145 d/D GP	down tubs	11.07		24_0
Tool	if culgied	coment to		1.0	casiar	TD_
107110	OFT C	asing, Hook	sed direct	-14/188	0110	4. t.
-Inve	ded solg	Mare Cemp		1	22.00	25549
4000	. 20 0		110000	V 6/05		100.
	29.5%	20×21				-135 Y 3.
	. 111					
-JQ5 P	14/1/hg, sea	<u> </u>			Male	
ACCOUNT	9			Alm	Marie	
CODE	QUANITY or UNITS	S DESCRIPT	TON of DEDUCATION	Vypin		
542811	7		ION of SERVICES or PROD	DUCT	UNIT PRICE	TOTAL
3406		PUMP CHARGE		368		
1400	25	MILEAGE	9.76	368		1030.a
10020	25 mir	1011.14	T	510	•	0.0
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19797 THORIZTION	Va compo Vin OKL	any rep				

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.