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** 

1117796

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

|   | Spot Description:  |
|---|--|
| Address 1:  |  |
|   | Fact from North / South Line of Section  |
| Address 2:  |  |
| City: State: Zip: +   | Feet from East / West Line of Section  |
| Contact Person: Fo  | Footages Calculated from Nearest Outside Section Corner:   |
| Phone: ( )  | NE NW SE SW  |
| Water Supply Well Other: SWD Permit #: Le   ENHR Permit #: Gas Storage Permit #: Da   Is ACO-1 filed? Yes No If not, is well log attached? Yes No   Producing Formation(s): List All (If needed attach another sheet) by by Depth to Top: Bottom: T.D. Plu   Depth to Top: Bottom: T.D. Plu | County: Well #:<br>Lease Name: Well #:<br>Date Well Completed:<br>The plugging proposal was approved on: (Date)<br>py: (KCC District Agent's Name)<br>Plugging Commenced:<br>Plugging Completed: |

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 Plu | igging Fees:                         |   |                          |                          |
| State of                          | County,                              | , SS.   |                          |                          |
|                                   | (Print Name)                         | Employee of Operate                                   | or or Operator on a      | above-described well,    |
| haing first duly sworn on ooth    | c: That I have knowledge of the fact | a statements, and matters herein contained, and the l | og of the above deceriby | ad wall is as filed, and |

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

|              | 1               |                  |             | ·         |  |                          |                             |
|--------------|-----------------|------------------|-------------|-----------|--|--------------------------|-----------------------------|
| /            | ONSOLID/        | m. LLC           |             |           | TICKET NUME<br>LOCATION_0<br>FOREMAN_0 | Hours 15                 | 9581                        |
| 84. C        | hanute, KS 667  | 20 FIELD TICKE   | T & TREAT   | TMENT REP | PORT                                   | 1                        |                             |
|              | or 800-467-8676 |                  | CEMEN       | т         |  |                          | ·                           |
| DATE         | CUSTOMER #      | WELL NAME & NUN  | IBER        | SECTION   | TOWNSHIP                               | RANGE                    | COUNTY                      |
| Aslia        | 5363            | France # AA- 25  | 5           | SELE      | 24                                     | 22                       | BB                          |
| USTOMER      | N               |                  |             | 化学学生的     |  | and the strength of the  | with the state of the state |
| <u>McGo</u>  |                 | <u>^Q</u>        |             | TRUCK #   | DRIVER                                 | TRUCK #                  | DRIVER                      |
| MAILING ADDR |                 |                  |             | 481       | Casken                                 | ck                       |                             |
| POB          | ax 334          |                  |             | 495       | KeiCar                                 | KC                       |                             |
| СПҮ          |                 | STATE ZIP CODE   |             | 510       | Set Tuc                                | ST                       |                             |
| Mound C      | ites            | KS 66056         |             | 675       | Keilot                                 | KD                       | <b></b>                     |
| JOB TYPE     | UG (            | HOLE SIZE 57/2"  | HOLE DEPTH  | leste'    | CASING SIZE & W                        |                          | ······                      |
|              | P               | DRILL PIPE       | TUBING      |           | , <b>  -</b>                           | OTHER                    | <u></u>                     |
| SLURRY WEIGH | HT              | SLURRY VOL       | WATER gal/s | k         | CEMENT LEFT In                         |                          |                             |
| DISPLACEMEN  | Τ               | DISPLACEMENT PSI | MIX PSI     |           | RATE 2 600                             |                          |                             |
| REMARKS: 4   |                 |                  |             |           | h 1" tubing .                          |                          | in and in                   |
| sks \$%50    | Poznix ton      |                  | ver st at   |           | led 1" . th                            | 250' 1                   |                             |
| manaed .     | 35 xs c         | emont, cemen     | 1 1         | face, po  | 1102 1" Ca                             | in in all                | tooged                      |
| well off     | w/ 2 sks        | cement.          |             |           |  |                          | opper                       |
|              |                 |                  |             |           | $\wedge$                               | $\overline{\mathcal{O}}$ |                             |
|              |                 |                  |             |           |  | $\cdot $                 |                             |
|              |                 |                  |             |           | 11 1                                   |                          |                             |
|              |                 | ·                |             |           | 1-77                                   |                          |                             |
|              |                 |                  |             |           |  | /                        |                             |

| ACCOUNT<br>CODE | QUANITY or UNITS                      | DESCRIPTION of SERVICES or PRODUC  | ст   | UNIT PRICE                               | TOTAL           |
|-----------------|---------------------------------------|------------------------------------|------|--|-----------------|
| 5405N           |                                       | PUMP CHARGE                        |      |  | 1030.00         |
| 5406            | on lease                              | MILEAGE                            |      |  |                 |
| 5407A           | 111.155                               | ton mileage                        |      |  | 148,95          |
| 55020           | 2 hrs                                 | ton mileage<br>80 Vac              |      |  | 180.00          |
| 1124            | 47 \$\$5                              | 50/00 Toznix cement<br>Prenium Gel |      | · _                                      | 514.65<br>16.59 |
| 11188           | 79_#                                  | Previum Gel                        |      |  | 16.57           |
|                 |                                       |                                    |      |  |                 |
|                 |                                       |                                    |      |  |                 |
|                 | · · · · · · · · · · · · · · · · · · · |                                    |      |  |                 |
|                 |                                       |                                    |      | 1473, 33<br>34 (-1) - 14<br>24 (-1) - 14 | SELLICIA.       |
|                 | · · · · · · · · · · · · · · · · · · · |                                    |      |  |                 |
|                 |                                       |                                    | 7.3% | SALES TAX                                | 38.78           |
| Ravin 3737      |                                       |                                    |      | ESTIMATED<br>TOTAL                       | 1928.97         |
| AUTHORIZTION    | Chris was there                       | TITLE                              |      | DATE                                     |                 |

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.