

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

1123846

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 #:				API No. 15		
Name:				Spot Description:		
Address 1:				SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:		
Address 2:						
City:						
Contact Person:						
Phone: ()					NE NW	SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes N Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.				Date Well Completed:		
Depth to Top: Bottom: T.D						
· 	•					
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records Casin			Casing F	Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
						+
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If
Plugging Contractor License #:			Name: _	me:		
Address 1: Ad			Address	ss 2:		
City:				State: + +		
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _			_ , ss.		
		Em		oloyee of Operator or	Operator on above-described well,	
(Print Name)				Employee of Operator of Operator off 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.

LOG-TECH OF KANSAS, INC. 86 SW 10 AVE. GREAT BEND, KANSAS 67530 (620) 792-2167

INVOICE 7304 21-17-21

Date

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1408



TREATMENT REPORT

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383 Annulus Pressure Total Load TREATMENT RESUME 15 Min. 10 Min. Legal Description 5 Min. 01-1-1-6 K Service Log PRESS Treater County RATE Date Gas Volume HHP Used Max Min Avg Depth Formation 4 FLUID USED Casing Rate majori gazid -1 (spine) Station Manager Acid angle. Flush al. Pad Frac Lease No. PERFORATING DATA 6 Well # Bbls. Pumped မ 2 2 2 Shots/Ft Tubing Pressure From From From From From F Packer Depth Well Connection Annulus Vol. Tubing Size Station Max Press 7033 Customer Representative Casing Pressure Volume Depth PIPE DATA Field Order # Service Units Casing Size Customer Plug Depth Type Job Max Press Time Volume Driver Names Depth