

**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

## 1131074

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

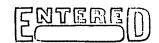
## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			A	API No. 15 -						
Name:					Spot Description:					
Address 1:					Sec Twp S. R East West					
Address 2:					Feet from North / South Line of Section					
City:					Feet from East / West Line of Section					
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW						
Phone: ( )										
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County						
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:(Date)						
Producing Formation(s): List A	All (If needed attach another	sheet)	b	by: (KCC <b>District</b> Agent's Name)  Plugging Commenced:						
Depth to	o Top: Botto	m: T.D	_							
Depth to	o Top: Botto	m: T.D		Plugging Commenced:						
Depth to	o Top: Botto	m:T.D	'	luggill	ig Completed.					
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Wate	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 #:										
Address 1:			Address 2:							
City:			S	tate:_		Zip:+				
Phone: ( )										
Name of Party Responsible for	or Plugging Fees:									
State of		,	SS.							
(Print Name)					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





LOCATION Eureka KS
FOREMAN Shannon Feck

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

Ravin 3737

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

520-431-9210 C	or 800-467-8676					TOWNSHIP	RANGE	COUNTY
DATE	CUSTOMER#	WELL NAME & NUMBE		BER	SECTION			
3-13-13	1828	Kirk	#6		9	245	18 <i>E</i>	Allen
CUSTOMER		Figure	. 1	Col+		DRIVER	TRUCK#	DRIVER
	Colt	Energ	У	pulling	TRUCK#		110000#	Dittomic
MAILING ADDRESS P.O. Box 388				unit	445	Dave 6		
				-	611	Joey K		
CITY		STATE	ZIP CODE					
Tolo	(	KS		_			<u> </u>	
JOB TYPE P. 7	r, A.	HOLE SIZE		_ HOLE DEPTI	1	CASING SIZE & W		
CASING DEPTH		DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	IT	SLURRY VOL_		WATER gal/s	sk	CEMENT LEFT in	CASING	
SLURRY WEIGHT SLURRY VOL WATE  DISPLACEMENT DISPLACEMENT PSI MIX F  REMARKS: Rig up to 23/11 Tulbring				MIY DSI		RATE		
DEMARKS. R	's 110 to	23/	Tubin	0 4	plug u	)e// as	tollows	
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ACCOUNT	QUANITY	or UNITS	DI	ESCRIPTION o	f SERVICES or PI	RODUCT	UNIT PRICE	TOTAL
CODE	<del>                                     </del>		PUMP CHARG				695.00	695.00
5405 A	-			<u> </u>			4.00	200,00
5406	50		MILEAGE		•			
			10/1/2	0 - :/			12.55	1129,50
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1107A	90 #		phenose	<del></del>	#/5K			116,
1118 B	250	) #	6el f1	ush			, 2/	52.50
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							1511h Total	2608.20

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

7.55%

SALES TAX
ESTIMATED

DATE\_S