

**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

## 1135976

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 #:			4	API No. 1	5										
Name:			;	Spot Desc	cription:										
Address 1:			-		Sec Tw	p S. R East West									
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:											
									Phone: ( )					NE NW	SE SW
									Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:		
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:											
ENHR Permit #:         Gas Storage Permit #:				Date Well Completed:											
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes		The plugging proposal was approved on: (Date)											
Producing Formation(s): List	All (If needed attach another	r sheet)		by:		(KCC <b>District</b> Agent's Name)									
Depth to	o Top: Botto	m: T.D	,	Pluaaina (	Commenced:										
Depth to	·	m: T.D	— I ,	Plugging Completed:											
Depth to	o Top: Botto	m:T.D		00 0	•										
Show depth and thickness of		ations.													
Oil, Gas or Wate	r Records		Casing Re	Record (Surface, Conductor & Production)											
Formation	Content	Casing	Size		Setting Depth	Pulled Out									
		ed, indicating where the mud same depth placed from (bot				Is used in introducing it into the hole. If									
Plugging Contractor License #: Na															
Address 1:			Address 2:												
				State:		Zip: +									
Phone: ( )															
Name of Party Responsible for	or Plugging Fees:														
State of	County, _			, SS.											
	(Drint Nome)			Em	ployee 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



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



TICKET NUMBER\_ LOCATION ELYCKA

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-001-

DATE	CUSTOMER#	WELL NAME & NUMBER		BER	SECTION	TOWNSHIP	RANGE	COUNTY
4-15-13	1328	Kirk	#KD-2		2	24	18E	Allen
CUSTOMER								and the second
	of Energy	/		4	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	288				520	John		
6.0	. BOR 388				(ام)	Joey		
CITY		STATE	ZIP CODE	T [				
エ	dA	Ks						
JOB TYPE P.7	r.A o	HOLE SIZE		HOLE DEPTH		CASING SIZE & W	EIGHT 412'	,
				_			OTHER	
	IT /4#					CEMENT LEFT in	CASING	
DISPLACEMENT DISPLACEMENT PSI								
DEMARKS: S	C1 0- 1:	DICKERGE	1 23/2 /	) Qu		es fallais!	1015.de 41/0	CASINO
REMARKS. O	staty (next)	18- 1/19 4	700 278 5	dange PIN	ging onces	92 001/01/5	/N310C 1/A	CM 107.
			14 0					
			10 5KS @					
			25 sus @	250 to su	i face			
		······		· · · · · · · · · · · · · · · · · · ·				
		······································						

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	695.00	695.00
5406	50	MILEAGE / Lucil of 2	4.06	200.00
//845	35 sus	class A cenut	14.95	523.25
11188	96565#	20% 961	,21	13.65
1162	33**	12 1902	.74	24.42
1107A	35*	1 phenoson / SK	1.29	45:15
11133	/56 <sup>4</sup>	9-1-flush	. 2,	31.50
5407	l'ng	ten milege bull tru	m/L	350.00
avin 3737			عدا خلاد	1882.97
		258070 7,55%	SALES TAX ESTIMATED	48.17
	R. R. Senlin	$\mathcal{P}$	TOTAL DATE 4//	1931-14

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.