

**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

## 1136358

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 #:			AF	PI No.	15	
Name:				ot De	escription:	
Address 1:			_		Sec Tw	p S. R East West
Address 2:			_		Feet from	North / South Line of Section
City:	State:	Zip:+	_		Feet from	East / West Line of Section
Contact Person:			Fo	otage	es Calculated from Neares	st Outside Section Corner:
Phone: ( )					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c C	nuntv.		
Water Supply Well	Other:	SWD Permit #:		-		Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				vveii #
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			ved on:(Date)
Producing Formation(s): List A	─ \ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)
Depth to	Top: Botto	m: T.D	1			
Depth to	Top: Botto	m: T.D		•		
Depth to	Top: Botto	m:T.D	1	ugging	g Completed:	
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Reco	ord (Su	urface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (top)	for ea	ach plug set.	
Plugging Contractor License #:			Name:			
Address 1:			Address 2: _			
City:			St	ate:		Zip:+
Phone: ( )						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _		, ;	SS.		
	(Print Name)		[	E	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





<b>FIELD</b>	TICKET	& TREATMENT	REPORT

	hanute, KS 667: or 800-487-8676		CEMEN		ORI	-	
DATE	CUSTOMER#	WELL NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
21-22-13	8511	YAEGE	#4	05	113	85	Roley
CUSTOMER	DP1 (	DLAD	Sultray	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SER Hout	Phuny BOD 500		467	Jush Gerald		
CITY	941a	STATE ZIP CODE		537	LAPRY		
JOB TYPE D		HOLE SIZE 18	_HOLE DEPTH	1830	CASING SIZE & W		14 1.6
CASING DEPTH SLURRY WEIGH		DRILL PIPESLURRY VOL	_TUBING WATER gal/s	k	CEMENT LEFT In	CASING A	
DISPLACEMENT	JAPMANT	DISPLACEMENT PSI	MIX PSI VP-LAST)	15 sks 1	1+300 C	CHOTA	ALI
- 1449	J. A.a.	18w J. 1223	JF. 5	ustoff)	-55- Par	250000	Gran Sta
300/11	- Nelche	12- Hry well	enent	do OSA	whice!	Shut	12 C19
1u2.	·				9		<u> </u>
	<u> </u>						

206/ 83	18			
ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
540/		PUMP CHARGE	1085,00	1085,00
03406	1/8	MILEAGE	4,20	495.60
	193	1/2	15.70	3030.10
11045	192	165 Pt CACA2	178	374.40
1102		(b) Poly	2,47	61,75
3407A	118	Bulk DeRverly X 1D tows X	1.41	1663.80
		BIK RIZH DESCOUNT		800:00
		• Presidential Control		
·		The first		5910,65
		J. DHENHY!	SALES TAX	8530
Ravin 3737		268264	ESTIMATED TOTAL	616369

AUTHORIZTION 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