



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1136615
OIL & GAS CONSERVATION DIVISION

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 #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
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 No
Producing Formation(s): List All (If needed attach another sheet)
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
Spot Description: _____
_____-____-____ Sec. ____ Twp. ____ S. R. ____ East West
_____ Feet from North / South Line of Section
_____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: _____
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 Plugging Fees: _____
State of _____ County, _____, ss.

(Print Name) Employee of Operator or Operator on 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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

LOG-TECH OF KANSAS, INC.

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

INVOICE
7444

Date 4-24-13

CHARGE TO: Chesapeake Operating Company
 ADDRESS _____

R/A SOURCE NO. _____ CUSTOMER ORDER NO. 802177
 LEASE AND WELL NO. Brady #1-27 FIELD _____
 NEAREST TOWN _____ COUNTY Finney STATE KS
 SPOT LOCATION C-NE/4 SEC. 27 TWP. 21S RANGE 32W
 ZERO 3rd 46th CASING SIZE 4 1/2" WEIGHT _____
 CUSTOMER'S T.I.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER Lee Botz OPERATOR Heath Buchler

Description	No. Shots	Depth		Amount
		From	To	
PERFORATING				
<u>Omen #5L 3125-332 Squeeze Holes</u>	<u>4</u>		<u>400</u>	
<u>11" 1"</u>	<u>4</u>		<u>1275</u>	
				<u>1200 00</u>

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
DEPTH AND OPERATIONS CHARGES					
<u>Set 4 1/2" Alpha CFBP at 2650'</u>	<u>0</u>	<u>2650 MIN</u>	<u>27</u>		<u>660 00</u>
<u>Dive 2 sacks cement on log</u>	<u>0</u>	<u>2650 MIN</u>	<u>-</u>		<u>180 00</u>
<u>Set 4 1/2" Alpha CFBP at 300</u>	<u>0</u>	<u>1300 MIN</u>	<u>22</u>		<u>660 00</u>

Service Charge Description	Quantity	Amount
<u>4 1/2" Alpha CFBP</u>	<u>1</u>	<u>550 00</u>
<u>4 1/2" Alpha CFBP</u>	<u>1</u>	<u>700 00</u>
<u>4 1/2" Alpha CFBP</u>	<u>1</u>	<u>700 00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Customer Signature Demario J. White 4-24-13
 Date

Sub Total	<u>4650 00</u>
Code Ref.	
Tool Insurance	
Tax	
Total	<u>4185 00</u>