

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

1137895

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 N	No. 15					
Name:				Description:					
Address 1:				Sec T	wp 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:			Foota	ages Calculated from Near	est Outside Section Corner:				
Phone: ()				NE NW	SE SW				
Type of Well: (Check one)			ic Cour	nty:					
Water Supply Well			Leas	e Name:	Well #:				
	_	orage Permit #:	Date	Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes			roved on: (Date)				
Producing Formation(s): List A			, ,		(KCC District Agent's Name)				
Depth to		m: T.D	l Plugo	ging Commenced:					
Depth to		m: T.D	Plugg	ging Completed:					
Depth to	o Top: Botto	m:T.D							
Ob d	all contain all and man famous								
Show depth and thickness of		ations.	0 : 0 :	(0.6					
Oil, Gas or Water				ng Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
cement or other plugs were us	. 00				ods used in introducing it into the hole. If				
Plugging Contractor License #	# :		Name:						
Address 1:			Address 2:						
City:			State	:	Zip:+				
Phone: ()									
Name of Party Responsible fo	or Plugging Fees:								
State of	County, _		, 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



Wireline Services, Inc. P.O. Box 87 HAYS, KS 67601-0087 (785) 623-3969

Joh Ticket

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DATE	4-	بالحر	- لا	1-5

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COUNTY_	40.0		3,4	CTATE	- K	(
CASING SI	ZE C	<i>'</i>		WEIGH	L	
					140	
INT CODE REFERENCE	RUN NO.	. P	REVIOUS INVO	ICE NO.	AMOUNT	
			T		ES	
REFERENCE	FROM	то	NO. FEET	PER FT.	AMOUNT	
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CHARGE TO:	1	1, 1	
ADDRESS	Hnukit	tan Warrior	
CITY STATE ZIPI	CODE		

TICKET № 24266

DACE	OF.
PAGE	OF

SERVICE LOCATIONS 1. Aus 613	ks	WELL/PROJECT NO	-12	LE	ASE .	Ruff	COUNTY/PARISH	zeman	STATE	CITY Ha	nsto	<u></u>	DAT	E APRIS	own	ER	
2.		TICKET TYPE CO SERVICE SALES WELL TYPE	NTRACTO	R	V	H.D	RIG NAME/NO.			DELIVERED TO	tion	n	ORE	DER NO.			
4. REFERRAL LOCATION		INVOICE INSTRUCT	IONS				plug to	Aland	en	YVELL PERMIT	NO.			12-5	12-	22	
PRICE REFERENCE		ARY REFERENCE/ RT NUMBER	LOC	COUNTING	DF		DESCRIPTION			QTY.	U/M	QTY.	U/M	UNIT		AMOUNT	
575			1			MILEAGE TE	L 114			50	mi			6	00	300	_
576P			11			Pump Char				/	on		\vdash	1000	50	1,000	100
328-4			11			60/40 POZ		bgel)		120			!			1410	100
279			1/		0	Bentonite	101			15	56		1	25		375	
290			11		80	D-Air					Çal			35	00	289	
583 581			1		20	Droyage	21			11584		289.6	1/4	2	-	270	
001						Service C	narge			/35	sk					3.70	
LEGAL TERMS:	Customer he	ereby acknowledg	es and a	agrees to		DEMIT DAY	/AAFNIT T/	<u> </u>	SUR		AGF	REE UN-	DIS- AGREE	PAGE TO	TAL		1
the terms and con- but are not limited LIMITED WARR	to, PAYME	NT, RELEASE, II				REMIT PAY			OUR EQUIPMENT WITHOUT BREAK WE UNDERSTOOI MET YOUR NEED OUR SERVICE WA	DOWN? D AND S?						371°	1
MUST BE SIGNED BY CU START OF WORK OR DE			OR TO			P.O. B	OX 466		PERFORMED WIT WE OPERATED TO AND PERFORMED CALCULATIONS SATISFACTORILY	HE EQUIPMEN JOB 7				Hodge TAX	m20 5%	27	1 1
X DATE SIGNED		TIME SIGNED	17	9.M.		NESS CITY 785-79	8-2300	00	ARE YOU SATISF	TOMER DID NO	_	□ NO		TOTAL		3996	17
SWIFT OPERATOR	3 1 3 3 2	A	Ch.	Service Charte	OF MA PROVA	TERIALS AND SERVICES L	The customer he	reby acknowl	edges receipt of the	he materials a	nd servi	ces listed on t	this ticket			Thank	You

OB LO			WELL NO.				CES, INC.	DATE 22 ADD 13 PAGE
TWL!	ean Wa	rrior	WELL NO. /-	12	LEASE RUF	F_	plug to ABANDON	24261
HART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T C	PRESSURE		DESCRIPTION OF OPERATION A	AND MATERIALS .
							1205k3 60/40 poznix	(49/0gel)
						-	155k Beaton'te gel	
							155k Bentonite gel 52" × 15.5 casing	-1
							pulling casing	1350,
							1 3 3	60'
	1300						on loc TRR 114	!
	1320	4	45			100		21 (cosiz @ 1350
	1330	4	13			100	mix 505 60/40 pod4	(6) e 13.1 ppg
							Aluid circe to =	6) e 13.1 ppg
	1335		18				Pup 18 bbl 40 f	
							- 0	choson more 420
								0
							pull casing up	to 550' (4%) € 13.1 p
	1500		/3				my 5051 60/40 002	(4%)@ 13.1 p
			6				Fligh 10/6661	40
							- gel tosu	1
							0 2	
							mix 20ste 60/40pc - coment to	to 60°
	1650						Mix 20ste 60/40 go	2(4%) @13.16
							- coment to	surface -
	1700						10st top	7
	, -		-54-07				- coment standing a	+ surface -
	1705						-coment standing a	0
							RACK YP	
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