



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

KANSAS CORPORATION COMMISSION 1138659
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

COPY

INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 135809
Invoice Date: Apr 15, 2013
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Bill To:

Double Eagle Expl., Inc.
221 S. Broadway #310
Wichita, KS 67202

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
DoubE	56895	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Russell	Apr 15, 2013	5/15/13

Quantity	Item	Description	Unit Price	Amount
		Kruetzer B #1		
126.00	MAT	Class A Common	17.90	2,255.40
84.00	MAT	Pozmix	9.35	785.40
18.00	MAT	Gel	23.40	421.20
50.00	MAT	Flo Seal	2.97	148.50
3.00	MAT	Cottonseed Hulls	35.00	105.00
297.97	SER	Cubic Feet	2.48	738.96
96.25	SER	Ton Mileage	2.60	250.26
1.00	SER	Plug to Abandon	2,483.59	2,483.59
8.00	SER	Pump Truck Mileage	7.70	61.60
8.00	SER	Light Vehicle Mileage	4.40	35.20
1.00	CEMENTER	Robert Yakubovich		
1.00	CEMENTER	Glenn Ginther		
1.00	CEMENTER	Bobby Smith		
1.00	EQUIP OPER	Woody O'Neil		
1.00	OPER ASSIST	Danny Sinner		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2,549.79

ONLY IF PAID ON OR BEFORE
May 10, 2013

Subtotal	7,285.11
Sales Tax	458.96
Total Invoice Amount	7,744.07
Payment/Credit Applied	
TOTAL	7,744.07