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

## **KANSAS CORPORATION COMMISSION**

**OIL & GAS CONSERVATION DIVISION** 

1139281

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  Is ACO-1 filed?  Yes  No    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug

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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)		tor or Operator on ab	
		statements, and matters harain contained, and the		

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

	CONSOLIDITE					
	CONSOLIDATED	1.2		TICKET NU	MBER .	39011
A A	Oil Well Services, LLC			LOCATION	AL.	00011
PO Box 804					Duana,	5
620-431-921	, Chanute, KS 66720 F 10 or 800-467-8676	IELD TICKET & TREA	TMENT REP	OPT	LaseyKey	medy.
DATE	011070	CEMEN	IT	UKI .	· · · ·	
	CUSTOMER # W	ELL NAME & NUMBER	SECTION	TOMATO		
12/28/1	24448 Guetto	man # KR-129		TOWNSHIP	RANGE	COUNTY
CUSTOMER		the the had I	NW 20	1 14	22	JO
Kansa	SRESOURCE EXP + D	eu.	TRUCK #			
	Li lall Sha		491	DRIVER	TRUCK #	DRIVER
9595	W. 10th St, Suite	500	111	Casken	V Satch	Heeking
CITY	STATE	ZIP CODE	<u>ueg</u>	Keilar	Y I	
Overlan	-d Park KS	66210	210	Settuc	V	
JOB TYPE	HOLE SIZE	55/8" HOLE DEPTH	370	Jastic	V	
CASING DEPT			100	CASING SIZE &	WEIGHT	
SLURRY WEI		TUBING			OTHER	
DISPLACEME		in the gause		CEMENT LEFT in	CASING	
REMARKS:	ho white the			RATE 260	m	
	eld sately meeting,	established chrouid	ton through	r(1"1	6:	1
Mixed +	pumped 10 ses	%50 Pozuix cem	ent w/1	Preu	ing ran	to 112
puged 1	"tubing to 500'	mixed + pumpe	d ID de	Conten	Judin De	per sk
to 330	2, miled + pum	sed ST sts	errow t	s canel	t, pulle	d tubing
pulled 1	tubing from wol	tropal with	gueres,	ceenent	to sur	tace,
1		t, apper well a	1 w/ 10	ses ceu	ent	
						1
					1)	1
					LE	
ACCOUNT						
CODE	QUANITY or UNITS	DESCRIPTION of S	ERVICES or PROD	UCT	UNIT PRICE	
5405N	)	PUMP CHARGE			ONTI PRICE	TOTAL
5406	30 mi	MILEAGE				1030:00
5407	minimum	ton nileage				1.20.00
5502C	3. Shrs	ton meleage				350.00
	5,0,45	80 Vac				315.00
						3(3.
112.1	077					
1124	87 sks 438 #	9/50 Poznik ce Premium Cel	Ling F			2=2
1118B	438-#	Premium Cal	stell-			952.65
						91.98
						ξę
						2
	~				TP PAR A	14 14
				- P		
				TH W	13 8 4 ° 1	1
$\sim$				- List		
		/				
						d)
avin 3737	MILLAD			7.55%	SALES TAX	78.61
	ATTUG		2	55672	FOTIES	
AUTHORIZTION	N N					2938.24
		TITLE		ם	ATE	1

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