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** 

1139728

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:	Sec Twp 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:	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 #:  SWD Permit #:  SWD 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)	County: Well #: 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 Fe	ees:				
State of	County,		, SS.		
,	Print Name)			or Operator on above-d	
he is a first during a second second the second The still	Is a set a se		a la susta a sustation sul annal tha subscriptions	المنتجا والأسم والمتحد والمتحد والمتحد والمتكر	to a file of a second

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



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TICKET NUMBER 41756 LOCATION Officia KS FOREMAN Care, Kennedy

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

			CEMEN	1			
DATE CUSTOMER #	WEI	L NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
419/13 4448	Knabe	D #2	- R	NW14	14		COUNTY
CUSTOMER	Full		T			22	10
MAILING ADDRESS	EXPTI	Sev	_	TRUCK #	DRIVER	TRUCK #	DRIVER
0000	_	•		481	Carken	V Setety	
CITY W. IDra	Juite 50 ISTATE			666	Car Moo	- stary	Meding
	STATE	ZIP CODE		510	Set Tur	i l	
Overland Park	L KS	66210		675	KeiDet	r	
JOB TYPE plug	HOLE SIZE		HOLE DEPTH	the second se	CASING SIZE & V	VEIGHT ON U	7.5 ''
CASING DEPTH 850'	DRILL PIPE		TUBING		CACING SIZE &		12
SLURRY WEIGHT	SLURRY VOL_			k	CEMENT LEFT in	OTHER	
DISPLACEMENT	DISPLACEMEN		MIX PSI			CASING to !!	
REMARKS: held safety,					RATE		
+ pumped SO stop	50/200	end bills	rea cisa	dation th	rough 1"+	using at	D. nixed
to surface, pulled	1" LL	office C.	ement	w 1 2/0 20	premium (	setper st	= cerent
washed up equipme	++++	from w	top	sed well a	stf w/ 8	sks cem	ent
easing of equipme		ing.	· · · ·				
					- A		
			•			X	
					1 F		
						1	

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE		
5406	30	MILEAGE		1030.00
5402	\$50'			120.00
5467	minimum			
5502C	3 hrs	80 (bc		350,00
				270.00
11715		8:		
1124	58 \$5	% 50 Poznik coment		635.10
1118B	197 #	Promium Gel		41.37
				11:51
			By 12 - D.D	
lavin 3737			SALES TAX	50.90
			ESTIMATED	
AUTHORIZTION	SNOCK	TITLE		2497.37

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.