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** 

1141077

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 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 (Surfa	ce, Conductor & Produc	tion)
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	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugars an eath source. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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

Madison, KS 66860 Office # 620-437-2661 Brod Call # 620-437-6765 Hurricane Services, Inc. 3613 A Y Road

Brad Butter Madisen Ticket Number 100243 Location Foreman

Brad Cell # 020-437-9705	Cement Service ticket			
		Coc /Townshin/E	Rande	County
Date Customer #	Well Name & Number		1/41/60	
4-29-13 EWR 1304-2929	P Ellis # W 68			Greenwood
Customer	Mailing Address	City State	e	Zip
Crossinger Respires				
AMWOOD NOW				
Curler Tolling To Abound	2		Truck #	Driver
	1 WHARE A		201	Kelly
				1 1

			10%	Kelly
Hole Size:	Casing Size: 4/2"	Displacement:	203	Jerry
Hole Depth:	ht:	Displacement PSI:		
Bridge Plug:	Tubing:	Cement Left in Casing:		
Packer:	PBTD:			
Outantity Or Units	Description of	Description of Servcies or Product	Pump charge	790.00
	Milasa		\$3.25/Mile	32.50
10				
128 SACKS	2	meni	01.40	1459.20
4140 165.			.30	133.00
				a put a
500 165.	Gel > Spaces between Plugs	Serveen Plugs	<i>B</i>	150,00
Tons	Bulk Truck > Minimum Charge	age.	\$1.15/Mile	00000
	Plugs			
			Subtotal	2813.70
			Sales Tax	127.10
			Estimated Total 2940,80	1 2940.80
C		CH CI Construction	2 Dives	
KEIIIdIKS. Del (CONEN)	Wall Swichtal CH Sond	Contra and and and a read should should be sold way	Card	
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(Rev. 1-2011)

300 To Surface

1826-900

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50 SKS 28 SKS Called by Dow Soule Customer Signature