

**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

## 1146193

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

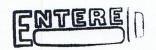
## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			AP	l No. 15	5													
Name:				Spot Description:														
Address 1:						vp S. R East West												
Address 2:       State: Zip: +         Contact Person:       Xight					Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:													
												Phone: ( )					NE NW	SE SW
												ENHR Permit #:  Is ACO-1 filed? Yes Producing Formation(s): List A Depth to Depth to	Other: Gas Sto  No If not, is well All (If needed attach anothe or Top: Botto to Top: Botto	SWD Permit #: prage Permit #: Il log attached? Yes	No The by:	ase Nar te Well e pluggi	me: Completed: ing proposal was appro	well #: (Date)  (KCC <b>District</b> Agent's Name)
Show depth and thickness of	all water, oil and gas form	ations.																
Oil, Gas or Water	r Records		Casing Recor	d (Surfa	ace, Conductor & Produc	tion)												
Formation	Content	Casing	Size		Setting Depth	Pulled Out												
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If												
Plugging Contractor License #: N																		
Address 1:			Address 2:															
City:			Sta	te:		Zip:+												
Phone: ( )																		
Name of Party Responsible for	or Plugging Fees:																	
State of	County,		, S	S.														
	(Print Name)			Em	ployee 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





LOCATION El Dorado Ks 180

FOREMAN William Zabel

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

## FIELD TICKET & TREATMENT REPORT

	CUSTOMER#		NAME & NUME	RER	SECTION	TOWNSHIP	RANG	GE T	COUNTY
DATE				2/		-34	2		Sunnes
///30//3 USTOMER	1155	Clifton	1 #	7	12	1 3 7 - 1			Sames
OSTOMER /	Pruce o	os/ con	LLC	Sattey	TRUCK#	DRIVER	TRUC	K#	DRIVER
MAILING ADDRESS  CUSTOMER  Safkey  MEETI  RM  4/67  ROM  MORE  SAFKEY  MEETI  RM  4/67  ROM  MORE  SAFKEY  MEETI  RM  MORE  SAFKEY  MEETI  RM  MORE  SAFKEY  MORE  TRUCK # DRIVER  MORE  M									
1704 Limestone Road for 681 Jennin Me									
TY		STATE	ZIP CODE	2113	526	BIZ			
Meth	erson	Ks	67460						
OB TYPE /	Your cenerto	HOLE SIZE		HOLE DEPTI		CASING SIZE & W	EIGHT		
ASING DEPTH	i	DRILL PIPE		_TUBING	23/8" 3	00/	OTHER_		
URRY WEIGH	HT	SLURRY VOL		WATER gal/s	sk	CEMENT LEFT in	CASING_		
SPLACEMEN	т	DISPLACEMENT	PSI	MIX PSI		RATE			
EMARKS:	Ran Tub	bin to 30	so Peny	sed Cem	et to Sa	Harr Puller	2 Tul	Ging &	Toppal of
	Permocel 2	104 sx 60	040 POZ	4% Gel :	2% Cal. 1	Jush up + Ra	ck up		
ACCOUNT									
CODE	QUANITY	or UNITS	DI	ESCRIPTION of	UNIT PRICE		TOTAL		
5405A	/		PUMP CHAR	GE Cer	ment Pun	0		0,00	730.00
5406		66	MILEAGE		no Truck			.20	277.20
1131	204	SX		60/40	POZMÍQ		13.		2688.72
11188	69	14 165			m 6el			22	152.68
1102	350		Ca	leiany C	loride			78	273,00
540AT						performite.	1.	41	806,83
27011									
									4
						Sal Total			\$19284
	-								
							CALE	C TAV	224 3/
				- 0/	10			S TAX	231.36
Ravin 3737	. 1	0 1	(	3084	13		TO	TAL	515519
	0.0	Buse		TITL T			DATE_	4/29	/13
UTHORIZTIC	AL ASPINK	Wille		TITLE			DATE_	1100	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.