

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

1147338

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 #:			AF	ગ No.	15	
Name:				ot De	scription:	
Address 1:			_		Sec Tw	p 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:			Fo	otage	s Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c Co	ountv.		
Water Supply Well	Other:	SWD Permit #:		-		Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			ved on: (Date)
Producing Formation(s): List A	All (If needed attach another	sheet)	by	:		(KCC District Agent's Name)
Depth to	Top: Botto	m: T.D	_{Plu}	uaainc	a Commenced:	
Depth to	Top: Botto	m: T.D		00 0	-	
Depth to	Top: Botto	m:T.D		33 8	y	
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Show depth and thickness of a		ations.				
Oil, Gas or Water	Records			rd (Su	ırface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us	. 00		•			Is used in introducing it into the hole. If
Plugging Contractor License #	<i>‡</i> :		Name:			
Address 1:			Address 2: _			
City:			Sta	ate:		Zip:+
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _		, s	SS.		
	(Print Nama)			E	imployee 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



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 **07714** A

WELL WELL WELL CUSTOMER LOS 20-13 DISTRICT PLANTS WELL NO. ADDRESS COUNTY COAN STATE WELL NO. STATE SERVICE CREW Selfon, Weight, My County State & STATE & STATE STATE SERVICE CREW Selfon, Weight, My County State & STATE STATE STATE SERVICE CREW Selfon, Weight, My County State & STATE STATE SERVICE CREW Selfon, Weight, My County State & STATE STATE SERVICE CREW Selfon, Weight, My County State & STATE STATE SERVICE CREW Selfon, Weight, My County State & STATE STATE SERVICE ALLED OF STATE STATE STATE SERVICE ALLED OF STATE STATE STATE SERVICE ALLED OF STATE STATE STATE OPERATION SERVICE SE	den -	PRESSURE PUM	IPING & WIRELINE				DATE	TICKET NO			
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PERVICE PROFESSION SERVICE ORDER NO FIELD SERVICE ORDER NO.

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:



ŢŖĖ^ĸĄŤMĘŅŦ REPORT

Customer ,				E 3, 1		ease No.						Date				***************************************
Lease	L.O. Okilling			W	Well # ,											
Field Order	/CHCLS		0 . 1	T K			-23	Casing	7	Dept	10/	County	01-20-13 County L 094W State			
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TICKET NUI	MBER	37	295	
LOCATION	OAK	ey K	5	
FOREMAN	Fire	4		

DATE

PO Box 884, Chanute, KS 66720	FIELD TICKET & TREATMENT REPORT
620-431-9210 or 800-467-8676	CEMENT

620-431-9210	or 800-467-867	6	CEMEN	T			KS
DATE	CUSTOMER#	WELL NAME & NUM	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
1.29-13	4979	Nicholson 1-23	3	23	115	334	Losav
CUSTOMER	Dale Za		01×14 10380	TRUCK#	DRIVER CONY D	TRUCK#	DRIVER
CITY		STATE ZIP CODE	1126 Nov	693	Phil K		
JOB TYPE		HOLE SIZE フッタ DRILL PIPE ムバス				/EIGHT	
SLURRY WEIGH DISPLACEMENT REMARKS: 5		DISPLACEMENT PSI	MIX PSI		RATE		
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				-	Thanks	FUZZYX	Lven

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N		PUMP CHARGE	132500	1325 99
5406	10	MILEAGE	500	5000
5407	8,840W	Tow milege Dallvery (min)	41000	41000
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in 3737		and the second s	SALES TAX	246.52
	01.012.2.		TOTAL	5013.43

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

TITLE_