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

1148474

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 #: 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) Depth to Top: Bottom: T.D.	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	r Records	Casing Record (Surface, Conductor & Production)			ction)
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 Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an filed and

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

	OLIDATED Services, LLC			D	TICKET NUMB	vreka K	5
PO Box 884, Chanute, 620-431-9210 or 800-4	N3 00720	IELD TICKET	CEMEN	TMENT REP T ノ <i>S-C</i> C	0RT 1/2_3 40	°5	
DATE CUST	OMER# V	ELL NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
5-16-13 18	28 Mir	K TRB	'-38	7	24	185	Alless
$\frac{\text{CUSTOMER}}{\text{MAILING ADDRESS}}$ $\frac{\rho. 0, \ \overline{C}}{\text{CITY}}$	<u>Energy</u> Box 388 ISTATE	Inc		TRUCK# 445 479	DRIVER Dave G Colby n	TRUCK #	DRIVER
JOB TYPE <u>P. T. A.</u> CASING DEPTH <u>9:</u> SLURRY WEIGHT DISPLACEMENT REMARKS: <u>Rig</u> UP	0 HOLE SIZE 27 DRILL PIPE SLURRY VG DISPLACE	067.49 <i>NA</i> DL MENT PSI	_TUBING WATER gal/s MIX PSI	.k	CEMENT LEFT in RATE	OTHER	
			#/ 3		2 sks Sultace		SKS

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
5405A	/	PUMP CHARGE		730.00	730.00
5406	Ø	MILEAGE N/C on Location		NIC	NIC
<u> </u>	/				
11045	42 5K5	Class A" cement		15.70	659.40
1102	40 A	Calcium @ 18		, 78	31. 20
1118 B	80#	6e/@. 20%		, 22	17.60
1107A	42 #	Phenoseal @ 1#/sk		1.35	56.70
5407	1.97 Tons	Ton mileage bulk Truck		m/c	368.00
3701					
				Sub Total	1862.90
 			7.55%	SALES TAX	57.75
Ravin 3737		259015		ESTIMATED TOTAL	1920,65
	R.R. Inda		-	-),	(17)2
AUTHORIZTION	11 TIMOR	TITLE	Ľ	DATE	y sets

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.