

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

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:				SecTwp S. R EastWest Feet from North / South Line of Section			
Address 2:							
City:				Feet from East / West Line of Section			
Contact Person:				Footages Calculated from Nearest Outside Section Corner: NE NW SE SW			
Phone: ()							
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County			
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
ENHR Permit #: Gas Storage Permit #:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to Top: Bottom: T.D				—			
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for ea	ach plug set.		
Plugging Contractor License #:			Name:				
Address 1:			Address 2:				
City:			S	tate:_		Zip:+	
Phone: ()							
Name of Party Responsible for	or Plugging Fees:						
State of County,			,	SS.			
				E	Employee 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

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1033

IF PAID IN 30 DAYS

SERVICE POINT: REMIT TO 18048 170RD HUSSEll AS RUSSELL, KS 67665 ON LOCATION JOB START JOB FINISH CALLED OUT TWP. RANGE SEC. DATE (0-6-STATE COUNTY LOCATION WELL#. LEASE Winnie OLD OR NEW (CIRCLE ONE) Winto **OWNER** CONTRACTOR xoress well serv TYPE OF JOB T.D. HOLE SIZE CEMENT **DEPTH CASING SIZE** DEPTH **TUBING SIZE** 3500 DEPTH DRILL PIPE DEPTH TOOL **MINIMUM** PRES. MAX SHOE JOINT MEAS. LINE **POZMIX** (a), CEMENT LEFT IN CSG. GEL @ PERFS CHLORIDE (a) DISPLACEMENT ASC. (a) **EQUIPMENT** @ @ PUMP TRUCK CEMENTER @ HELPER @ BULK TRUCK @ BI DRIVER @ **BULK TRUCK** @ DRIVER @ HANDLING @ MILEAGE TOTAL REMARKS: **SERVICE** DEPTH OF JOB PUMP TRUCK CHARGE **EXTRA FOOTAGE** (a) MILEAGE (a) MANIFOLD @ (a) (a) CHARGE TO: TOTAL STREET STATE PLUG & FLOAT EQUIPMENT Schippers Oil Field Services, L.L.C., @ _ You are hereby requested to rent cementing equipment and @ furnish cementer and helper(s) to assist owner or contractor to @ do work as is listed. The above work was done to satisfaction @ and supervision of owner agent or contractor. I have read and @ understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side. TOTAL PRINTED NAME SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT

SIGNATURE