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** 

1152982

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)	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 (Surface, Conductor & Production)			
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 Plu	ugging Fees:						
State of	County,	, SS.					
	(Print Name)		tor or Operator on ab				
		statements, and matters harain contained, and the					

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

		0235	- 7	TICKET NUMI LOCATION	Haup KS	042
PO Box 884, Chanute, KS			ATMENT REP	PORT		
620-431-9210 or 800-467			NT			
DATE CUSTOM	ER# WELL NAME & N	IUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
712/13 782	> Wittry # 2		SWID	20	20	AN
CUSTOMER	<i>C</i>					i i i i i i i i i i i i i i i i i i i
Town 01	<u>(a.</u>		TRUCK #	DRIVER	TRUCK #	DRIVER
	and N		481	Casken		
16205 W.	DEFT ST.		Loldo_	Garloo		
CITY	STATE ZIP CODE		558	Willat		
Taola	K3 66071	(				
JOB TYPE OUA	HOLE SIZE	HOLE DEP1	тн	CASING SIZE & M	VEIGHT 27/2	. 11
CASING DEPTH	DRILL PIPE	TUBING			OTHER	
SLURRY WEIGHT	SLURRY VOL	WATER gal	/sk	CEMENT LEFT in	CASING AN	1
DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE 1.5 bpm						
REMARKS: hold safet	remeeting, establish	ad circul	ton throw		4	" in all +
amped 15 sks 6			y at ↓	60l + 19	et Elia	mapa 1
& cemput to		1" Lubing		transli	all fl	Re per
of correction	I mail and	F-fubina.	now week	, ope a	w off w	3 205
<u>centor</u> , aponeo	op y ciptular	- Horing -	·····			· · · · · · · · · · · · · · · · · · ·
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ACCOUNT CODE		DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	/	PUMP CHARGE	· · · · ·	1085,00
5406	15 mi	MILEAGE		63,00
5407	14 minimum	ton mileage		92.00
	. · ·		·····	
1131	20 \$	Co/40 Poznix concert Premium Gel		263 60
1(18)	69 #	Previou Gel		15,18
1107A	5#	Phenoseal		6.75
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	an a			
		1-		
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	an a	7.	SALES TAX	21,85
Ravin 3737			ESTIMATED TOTAL	1547.38
AUTHORIZTION	Lester was there	TITLE	DATE	

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.