

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

1152986

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:				Sec Twp S. R East West				
Address 2:			-					
City:	State:		- -	Feet from East / West Line of Section				
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				NE NW SE SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic d	County:				
Water Supply Well	Other:	SWD Permit #:		County: Well #:				
ENHR Permit #:	Gas S	Storage Permit #:						
s ACO-1 filed? Yes	No If not, is w	vell log attached? Yes		Date Well Completed:				
Producing Formation(s): List	All (If needed attach anot	her sheet)		by: (KCC District Agent's Name				
Depth		ttom: T.D						
Depth	to Top: Bo	ttom: T.D						
Depth	to Top: Bo	ttom: T.D		'lugging (Completed:			
Show depth and thickness of	f all water, oil and gas for	mations.						
Oil, Gas or Wate	er Records		Casing Red	cord (Surf	ace, Conductor & Prod	luction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
					3 21			
zement or other plugs were u	used, state the character	of same depth placed from (bo	ittom), to (top	i) for each	n plug set.			
Plugging Contractor License #:			Name:	me:				
Address 1:			Address 2:					
City:			s	State:		Zip:	+	
Phone: ()								
Name of Party Responsible f	for Plugging Fees:							
State of	County	/,		, ss.				
				Fm	plovee of Operator o	r Operator on abo	ve-described well	
	(Print Name)				picyco or operator o	Operator on abt	accombed 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



CUSTOMER#

260234

WELL NAME & NUMBER

TICKET NUMBER_	42041
LOCATION OHAL	oa KS
FOREMAN Casey	Kennedy

RANGE

COUNTY

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

DATE

FIELD TICKET & TREATMENT REPORT CEMENT

SECTION

TOWNSHIP

MARING ADDRESS 16 205 N 287 th St. CITY PROLA WISTATE LICODE SSS WITHAT CASING SIZE & WEIGHT 2"" COSING SIZE & WEIGHT 2"" CO	CUSTOMER	14823 COOK	# W-1	_,	/_S	L_19	<u> </u>	MI
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account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.