

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

1155107

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 #:			A	NI No.	. 15	
Name:				pot De	escription:	
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:			F	ootage	es Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County		
Water Supply Well	Other:	SWD Permit #:		-		Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC District Agent's Name)
Depth to	o Top: Botto	m: T.D	_	Pluggin	na Commenced:	
Depth to	o Top: Botto	m: T.D				
Depth to	o Top: Botto	m:T.D	'	luggill	ig Completed.	
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Wate	r Records		Casing Rec	ord (S	urface, Conductor & Produc	etion)
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.		
	(Print Name)			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



TICKET NUMBER 37959
LOCATION Ochles
FOREMAN

PO	Box	884, (Chai	nute,	KS	66720
620	-431	-9210	or	800-4	467-	8676

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

020-431-9210	or 800-467-867	The state of the s	CEMEN	VT	respective and security of the		120
DATE	CUSTOMER#	WELL NAME & NUI		SECTION	TOWNSHIP	RANGE	COUNTY
7-11-13	S457	Dayne #1-26		26	125	CL - ver has rooms in	
CUSTOMER		1/2/1/1/ Sala 24 5	25344-4	1 ,7 4	1-7-2	232	1-10-55
MAILING ADDR	1/4/	1 Collins	36-	TRUCK#	DRIVER	TRUCK#	DRIVER
WAIEING ADDA		anner de la caracter de desirente. Se la caractería de la c	3 <i>E</i>	450 1118	Date "		
OIT (ing the second of the second o	1/5	460	7,24		
CITY	English teathers with	STATE ZIP CODE	1905				
		file gradien gebruik	១. ខេស្តិក (Value de Company de La Company			
JOB TYPE <u>₹ 7</u>	79	HOLE SIZE 77/	HOLE DEPT	H 848	CASING SIZE & V	JEIGHT	1 1 1 1 1 1 1 1
CASING DEPTH	1	DRILL PIPE	TUBING			OTHER	
SLURRY WEIGI	HT 138	SLURRY VOL 1. 10	WATER gal/s	sk	CEMENT LEFT in	The said Tracker of	
DISPLACEMEN	T <u> </u>	DISPLACEMENT PSI	_ MIX PSI_		RATE	CASING_	
REMARKS: F	1 Sal	ely morting and	1.540 ON	4/1/060	11 - 21 Har		
15+,505.	KO 1750		- 1992 020	PU WICHTIA	(1 (115 114)	1145 95 0	id trid
2nd 80 50	160 1020			74		<u></u>	
3050	15 E 540	territory, is region		मानुष्याकृत्य । अधिक्षं स्टाप्स			
411 2.5	450 245		with 20/ a	5456940	201	7 12 14 12	
Tol 2006			200	24) 6940	1106470 CC	<u> </u>	
BH 305	4						
1211 20 3	<i>VI.</i> 3			12-1-12-12-12-12-12-12-12-12-12-12-12-12			
			4444		Waaria tabaga		. 1

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
546510		PUMP CHARGE	13950	1395 "
5406	15	MILEAGE	1/3/2<	78.75
5407	1/18 Tons	Termiticie dolivery manie and a second	470,60	430,00
113/	2445	60/40 por (emax	15.8%	4122 11
11193	8941	Bentundied and many the martine	27	241.38
1/07	US#	Fluseals and a second of the	2.97	193,05
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			QZ 6 Z 2	6411
		10 1055 188dix		646.1
			Subbla	0151
		SERVER COMP. THE SERVER COMP.		50/310
		多數 医细胞性 医神经性		
		By Landing Street, and the street		
		in the first term to the		
	,	2 2 4 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		
		estigion collection		
i- 0707		the field of the first term to the first term te	SALES TAX	
in 3737	0010	Harat to a totaline of the two tests of the	ESTIMATED TOTAL	

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