

**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

## 1156146

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 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:		
Address 2:						
City:						
Contact Person:						
Phone: ( )					NE NW	SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  Is ACO-1 filed? Yes No If not, is well log attached? Yes N  Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.  Depth to Top: Bottom: T.D.				Date Well Completed:		
Depth to Top: Bottom: T.D						
· 	•					
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records Casin			Casing F	Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
						+
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If
Plugging Contractor License #:			Name: _	me:		
Address 1: Ad			Address	ss 2:		
City:				State: + +		
Phone: ( )						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _			_ , ss.		
		Em		oloyee of Operator or	Operator on above-described well,	
(Print Name)				Employee of Operator of Operator off above-described well,		

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.



Ravin 3737



TICKET NUMBER LOCATION EUTEKA maroy FOREMAN Kussell

ESTIMATED

TOTAL

DATE 7-22-13

## FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 CEMENT COUNTY RANGE WELL NAME & NUMBER SECTION TOWNSHIP CUSTOMER# DATE 35-13 3 24 17 WOODSON Savoboda 7-22-13 4950 CUSTOMER DRIVER DRIVER TRUCK # TRUCK# PIOLA P Petroloum 485 Alter-B RD Steve Baile 1331 XYIAN 61 STATE ZIP CODE CIT KS اعاتعاما 1217 6314 HOLE DEPTH CASING SIZE & WEIGHT JOB TYPE P.T.A. Oil HOLE SIZE TUBING OTHER DRILL PIPE CASING DEPTH WATER gal/sk CEMENT LEFT in CASING **SLURRY VOL SLURRY WEIGHT** DISPLACEMENT PSI MIX PSI DISPLACEMENT 1199 SPOT 15 SKS REMARKS: 444 , 5 SKE SurFACE 65 250 TU 5K's TOTA ! SKS 95 ReTUINS Surface 40 Cement GOUN SIP Stared full of coment Flow Close Ditch THANKS ussellmachol ACCOUNT **DESCRIPTION of SERVICES or PRODUCT** UNIT PRICE TOTAL **QUANITY or UNITS** CODE 1085.00 1085.00 PUMP CHARGE 5401 168.00 4.20 MILEAGE 40 5406 Puzmix 13.18 1252.10 95 SKE 6040 1131 300 # . 22 46.00 4 % IN Comen 1/18 B Gel 368.00 0401 1600 # UseD For Mixing 22 352.00 Gel MUD 1118 B When Dr19 well SALES TAX

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 fo

- TITLE Rig Pusher