

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

1159338

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. 1 | 15 | | | | |
|--------------------------------|----------------------------------|---------------------------------------|--------------|--|--|------------------|-------------------|--|--|
| Name: | | | | | Spot Description: | | | | |
| Address 1: | | | | | Sec 1 | wp S. R | East West | | |
| Address 2: | | | | | Feet from North / South Line of Section | | | | |
| City: | | 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 Cathoo | dic | County | | | | | |
| Water Supply Well | Other: | SWD Permit #: | | County: Well #: | | | | | |
| ENHR Permit #: | | | | | | | | | |
| Is ACO-1 filed? Yes | No If not, is w | ell log attached? Yes | No | Date Well Completed: | | | | | |
| Producing Formation(s): List | — All (If needed attach anoth | ner sheet) | | by: (KCC District Agent's Name, | | | | | |
| | | tom: T.D | | | | | | | |
| Depth t | to Top: Bot | tom: T.D | | | | | | | |
| Depth t | | tom: T.D | | Plugging | Completed: | | | | |
| | | | | | | | | | |
| Show depth and thickness of | all water, oil and gas for | mations. | | | | | | | |
| Oil, Gas or Wate | er Records | | Casing F | Record (Sur | face, Conductor & Produ | uction) | | | |
| Formation | Content | Casing | | • | Setting Depth Pulled Out | | | | |
| | | | | | 3 21 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| cement or other plugs were u | used, state the character | of same depth placed from (bo | ottom), to (| top) for eac | ch plug set. | | | | |
| Plugging Contractor License #: | | | | | | | | | |
| Address 1: | | | Address | 2: | | | | | |
| City: | | | | State: | | Zip: | + | | |
| Phone: () | | | | _ | | | | | |
| | | | | | | | | | |
| State of | County | , | | SS. | | | | | |
| | | | | | | | - 49 1 9 | | |
| | (Print Name) | | | Er | ripioyee of Operator or | Operator on abov | e-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



258949

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

| 20-431-9210 | or 800-467-8676 | | CEMEN | NT | | | |
|--------------|--|------------------|---------------|------------------|-----------------|-------------|---------|
| DATE | CUSTOMER# WELL NAME & NUMBER | | JMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 5/17/13 | 5954 | Francity # 11 | 15-N | SE 11 | 15 | 20 | 26 |
| CUSTOMER LEN | Cac | • | | | | | |
| AILING ADDR | ESS | | TRUCK# | DRIVER | TRUCK# | DRIVER | |
| | Shorelina l | \ | 1 | 481 | Casken | | |
| ITY . | | STATE ZIP CODE | _ | ColeCo | Cartas | | |
| | | | , | 510 | Setwo | | |
| Louisb | | Kr 66053 | | 369 | Dertes | | |
| OB TYPE_P | | HOLE SIZE | HOLE DEPT | Н | CASING SIZE & W | EIGHT 2 1 | X = |
| ASING DEPTH | 900' | DRILL PIPE | TUBING | | | OTHER | |
| LURRY WEIG | HT | SLURRY VOL | _ WATER gal/ | sk | CEMENT LEFT in | CASING FULL | 7 |
| ISPLACEMEN | T | DISPLACEMENT PSI | MIX PSI | | RATE 2 6pm | | |
| EMARKS: L | eld safali | meeting establis | | ation throw | | is at 78 | unsha |
| 100 class | , nixed | + purpod 12 | | ent, put | / / / / | | |
| | | | Ses Com | | | ibing The | |
| | The state of the s | TY ALAS | ceme | | face , pull | ed to tubi | no from |
| rell to | pped well | off w/ 5st | ceener | t, attemp | ted to so | weepe , | well |
| void no | of take v | toid dut in | casing. | ı | ı | , , | |
| | | | | | | _ | 3491 |
| | | | 210.3 | | \wedge | 11) | - |
| | | | | | 1) | L | |
| | | | | | | T-/- | |
| | - James A | | | | -(-) | ·/ | |
| ACCOUNT | T | | | | | | |
| CODE | QUANITY | or UNITS | DESCRIPTION o | f SERVICES or PR | ODUCT | UNIT PRICE | TOTAL |
| 5405N | , | PUMP CHAI | RGE | W. | | A 1945 | 1085.0 |
| 5406 | 20 m | MILEAGE | | | | | 84.00 |
| 5402 | 900' | acin | s footage | 2 | | | |
| 5407 | | imm for | vileage | | | | 184.00 |
| 5502C | 2 h | 5 80 Va | ac | | | | |
| SUCK | ac hr | 3 00 00 | 46 | | | | 180.0 |
| | | | | | | | |
| 1124 | 29 1 | nks 5950 ' | Poznik | courset | | | |
| | | | | Cecreta | | - 227 | 335.50 |
| 1118B | 49 : | # Frem | | | | | 333.50 |

SALES TAX Ravin 3737 **ESTIMATED** TOTAL AUTHORIZTION No Co. Rep. on location 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.