

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

SION

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 N	o. 15			
Name:				Spot Description:			
Address 1:				Sec Twp 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 We	II OG D&A Catl	hodic				
Water Supply Well Other: SWD Permit #:				County: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				•	proved on:		
Producing Formation(s): L				by: (KCC District Agent's Name)			
	•	Bottom: T.D		Plugging Commenced:			
•	•	Bottom: T.D	Plugg				
		Bottom: T.D	Plugg	ing Completed:			
Show depth and thickness	s of all water, oil and gas	formations.	-				
	later Records	1	Casing Record (Surface, Conductor & Prod	duction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
Tomaton	Content	Casing	GIZE	Getting Deptin	1 diled Out		
		plugged, indicating where the r ter of same depth placed from	•				
Plugging Contractor Licen	se #:		Name:				
Address 1:			Address 2:				
City:			State:				
Phone: ()							
Name of Party Responsib	le for Plugging Fees:						
State of	Cou	ınty,	, SS.				
		•		Employee of Operator of	r Operator on above-des	scribed well	
	(Print Nai			Employee of Operator of	Operator on above-des	oribed 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



258130

LOCATION OHAWA KS
FOREMAN CARRY Kennedy

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

FIELD TICKET & TREATMENT REPORT

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118B 129 # Previous Gel	
+1 P.U. (20 (20)	43.15
	27.0
	-
	700
7.3% SALES TAX (C	200
	3.53
HORIZTION NO CO. Rep. on lacation TITLE TOTAL 23	98.77

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