

**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

## 1159756

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	5					
Name:				Spot Description:					
Address 1:				Sec T	wp S. R East Wes				
Address 2:				Feet from North / South Line of Section					
City:	State:	Zip:+		Feet from East / West Line of Section					
Contact Person:			Footages	Calculated from Neare	est Outside Section Corner:				
Phone: ( )				NE NW	SE SW				
Type of Well: (Check one)			ic County: _						
Water Supply Well	Other:	SWD Permit #:	I	Lease Name: Well #:					
ENHR Permit #:	Gas Sto	orage Permit #:	Date Wel	Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	A.	The plugging proposal was approved on: (Date)					
Producing Formation(s): List A		r sheet)	by:		(KCC <b>District</b> Agent's Name				
Depth to	•	m: T.D	l Plugging	Commenced:					
Depth to	o Top: Botto	m: T.D	""	Plugging Completed:					
Depth to	o Top: Botto	m:T.D							
Show depth and thickness of		ations.							
Oil, Gas or Water				g Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
cement or other plugs were us	. 00		•		ids used in introducing it into the hole.				
Plugging Contractor License #:				lame:					
Address 1:			Address 2:						
City:			State:		Zin				
			Glate						
Phone: ( )					+				
, ,					+				
Phone: ( ) Name of Party Responsible fo	or Plugging Fees:				+				

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.



259350

LOCATION O Hawa KS
FOREMAN Fred Mader

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

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WEL	L NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/4/18	1519	Winn	3+4 # 18.30	NW 21	22	16	CF
CUSTOMER	112 Pex	roleum		TRUCK#	DOLVER	TDUOK 8	
MAILING ADDRE	SS	VO 14 UNIX		712		TRUCK#	DRIVER
900	60, 4th	h			1 1		
CITY	86, 9	STATE	ZIP CODE	495	, ·		
Bunk	1	145	66839	369	J.m Man		
JOB TYPE	Plua	HOLE SIZE	HOLE D		CASING SIZE & V	VEIGHT 23/	<u> </u>
CASING DEPTH	4		TUBING		_	OTHER	3.
SLURRY WEIGH		SLURRY VOL		gal/sk	_ CEMENT LEFT in		11
DISPLACEMENT		DISPLACEMEN			RATE		
	sell por	forestac	(a) 620 a	nd 250'	Circulato	d well.	
	ream 1º	'tubine	to 975'	fill w/ce	men & to So	vtacp.	· Notes
Put	1 1" To	bin.	Rigunto 3	38 Casin	· Circulat	e Come	x . 922.5
Was	sh up +	10801	2007 1"-	Tubing o	241.00	22.00	53.0
				r			
	Total	70 SK	s 60/40 P	or mix C	emen y 4% (	al	1000
						1000 00	1005 0
	PARMS MISS		8 183 F)		1 1	0	220-0
KCC R	in you	Ke Her	From .		Ful Me	Jehn	368.0
	,		1				
ACCOUNT	QUANITY	or UNITS	DESCRIPTION	ON of SERVICES or	PRODUCT	UNIT PRICE	TOTAL
5405N		1	PUMP CHARGE P/U	to Abano	lan 495		108500
5406	- 5	50 mi	MILEAGE (	,	495		210=
5407	Minim	ww	Ton Miles		*61		36800
SSORC	4	br	80 BBL VO	c Truck	.369		36000
1/31		705145	60/40 Por	Mix Com	unt		922 60
11188	2	41#	Premium	Cal			53 02
730							
						***********	
					1		
					14/1		
****	*******	*******			hadasa		G
erts:	375.52.1	Telght:	.00	Tax:		A Charles	
		3.001	.00	Total:	3960.08		
		APPTER	.00	Changai	.00		
					63%	SALES TAX	6146
Ravin 3737	x					ESTIMATED TOTAL	3060 08
ALITHOPIZZION	Proto	oshly	TITLE_			DATE	3-60 -
AUTHORIZTION			IIILE			DAIL	