

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

1161481

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:					
					Sec Twp S. R East West					
					Feet from North / South Line of Section Feet from East / West Line of Section					
										Footages Calculated from Nearest Outside Section Corner:
					Phone: ()					NE NW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County: _						
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed: The plugging proposal was approved on:						
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No							
Producing Formation(s): List /	All (If needed attach another	sheet)		by:		(KCC District Agent's Name)				
Depth to	o Top: Botto	m: T.D		Plugging	Commenced:					
Depth to	•	m: T.D		Plugging Completed:						
Depth to	o Top: Botto	m:T.D		- 33 3						
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Wate	r Records		Casing R	Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were u				•		ds used in introducing it into the hole. If				
Plugging Contractor License #:										
Address 1:			Address 2	2:						
				State:		Zip:+				
Phone: ()										
Name of Party Responsible for	or Plugging Fees:									
State of County,				_ , SS.						
(Driet Marce)				_ Em	ployee 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 LOCATION 180 FOREMAN Jeff Shell

	hanute, KS 667 or 800-467-867	20	D HCKE	CEMEN	IMENT REP T	ORT		
DATE	CUSTOMER#	WELL	WELL NAME & NUMB		SECTION	TOWNSHIP	RANGE	COUNTY
10/4/13		Fisher	1-20	SWD	20	325	IE	Sumner
CUSTOMER								o ommer
Eggle Creek Corp. MAILING ADDRESS					TRUCK#	DRIVER	TRUCK#	DRIVER
					446	Josh 6,	Bakasilahian i	MALLONIN ONL
8100 E 2	2 5t, N.	FINALSOO STATE	Ste A		471	Jerald D.		
		STATE			471	Jeff 5.		
Wich			67226				as the state of	
JOB TYPE Plug & HOLE SIZE				HOLE DEPTH	Charles of the soul	CASING SIZE & V	VEIGHT 51/2	
CASING DEPTH DRILL PIPE		TUBING			OTHER			
SLURRY WEIGHT SLURRY		SLURRY VOL_	L WATER ga		k CEMENT LEFT		n CASING	
DISPLACEMENT								
REMARKS: 5	afety Me	eting, br	oke ei	re, pum	ped 140	Up gunulu	140 POZ	mix
4/00001	1 1960.	glown	Down	109311	19 9nd	Up gunulo	5 to 501	FACE
10 31 1995		the first said Na						
	EXECUTE OF	A MARKET LINE						The state of the s
the addition	or hope posteriors.			14073				
						maker of Arthonores on		
	Control of the Contro						and the second	
							de at the York	EWGD (a)
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION of	SEDVICES OF DE	PODUCT	LINIT PRIOR	7074
CODE	QUANTI	OI GIVITO	DESCRIPTION of SERVICES or PRODUCT			UNIT PRICE	TOTAL	
5405A		1	PUMP CHARG	E			500,00	500,00
		an Inches es	MILEAGE	See .				To see the later
				milione 1				
1131		1405/5	60/40	Pozmi	xcemer	1+	13.18	1845.20
11188		560165					,22	123.20
1102		112139	calcin	m chlor	ride		.78	87.36
5407A		6 ton	Ton Mi	18 998 D	elivery		1.41	490.68
					. /			
					des removables de	display to the states		
	i i							
					AND ROW DIE UNE	kernesen de name		A 10 10 10 10 10 10 10 10 10 10 10 10 10

1/1/1/1 3046 44 SALES TAX Ravin 3737 **ESTIMATED** TOTAL **AUTHORIZTION** 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.