

**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

1162338

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 #:			I API	No. 15 -				
Name:								
Address 1:						East West		
Address 2:				Feet	from North / South L	ine of Section		
City:	State:	Zip: +	_	Feet from East / West Line of Section				
Contact Person:			Foo	Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )				□ NE □ N	w se sw			
Type of Well: (Check one) C Water Supply Well C ENHR Permit #: Is ACO-1 filed? Yes	Other: Gas Stor	OG D&A Cathodi  SWD Permit #:  rage Permit #:  log attached? Yes	Lea	County: Well #:  Lease Name: Well #:  Date Well Completed: (Date)  The plugging proposal was approved on: (Date)				
Producing Formation(s): List A	•	<i>sneet)</i> n: T.D			(KCC <b>District</b>	Agent's Name)		
		n: T.D	Plug	gging Commenced:				
Depth to	•	n: T.D	Plug	gging Completed:				
Берино	тор вопог	II I.D						
Show depth and thickness of a	all water, oil and gas forma	tions.						
Oil, Gas or Water	Records		Casing Record	ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
1								
cement or other plugs were us		-			nethods used in introducing it in			
Plugging Contractor License #	::		Name:					
Address 1:			Address 2:					
City:			Stat	te:	Zip:	+		
Phone: ( )								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _		, ss	S.				
				Employee of Operat	tor or Operator on above-d	escribed 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.

(Print Name)



TICKET NUMI	39923 39923
LOCATION C	DARINY ES
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PO Box 884, Cl 320-431-9210 <i>c</i>	nanute, KS 6672 or 800-467-8676	20	LD HCKE	CEMEN	IMENIKE! T	OKI		125
DATE	CUSTOMER#		NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
4-29-13	3387	Steel	v #1	····	36	85	346	Thomas
CUSTOMER	_			Colby				
Castle	Prepui	245		35.	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	:88			1/2 00	41/3	Coryo		
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CASING DEPTH	•	DRILL PIPE		_TUBING		CEMENT LEFT In	·. <del></del>	
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DISPLACEMENT	<u> </u>	DISPLACEMEN	T PSI	MIX PSI	<del>1</del> & 1			1 - 2
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ACCOUNT			T	FECOIOTION -	SERVICES or P	PODUCT	UNIT PRICE	TOTAL
CODE	QUANITY	or UNITS	U	ESCRIPTION O	SERVICES OF P	KODUCI		l
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<u> </u>			<del> </del>	····			SALES TAX	242.6
Ravin 3737							ESTIMATED	· · ·
18YII) 3/3/			1/1				TOTAL	5343.04
ALITHODIZTION	Janu	\///	Ulen	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.