

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

1104115

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

Address 2	OPERATOR: License #:			API No	o. 15						
Address 2:	Name:										
City:	Address 1:				Sec	Twp S. R East West					
Contact Person: Phone: () Proper Well* (Check and) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: Gas Storage Permit #: ENHR Permit #: Gas Storage Permit #: Deep this Top: Bottom: T.D. Show deepth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Deepth Pulled Out Describe in detail the manner in which the well is plugged, indicating where the must fluid was placed and the method or methods used in introducing it into the hole cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Name: Address 2: Zip: + Plugging Contractor License #: Address 2: Zip: + Phone:	Address 2:				Feet fror	n North / South Line of Section					
Phone: (City:	State:	Zip:+		Feet fror	n East / West Line of Section					
Type of Well: (Check one) Oil Well Gas Well OS D&A Cathodic Water Supply Well Other: SWD Permit #: Lease Name: Well #: Lease Name:				Footag	es Calculated from Nea	rest Outside Section Corner:					
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Lease Name: Well #: Lease Name: L	Phone: ()				NE NW	SE SW					
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathoo	dic County	/:						
If not, is well log attached?			SWD Permit #:	1							
SACO-filed? Yes No Inot, is well log attached? Yes No Producing Formation(s): List All (if needed attach another sheet) by:	ENHR Permit #:	Gas S	storage Permit #:	Date W	Date Well Completed:						
Depth to Top:	Is ACO-1 filed? Yes	No If not, is w	ell log attached? Yes		The plugging proposal was approved on: (Date						
Depth to Top: Bottom: T.D	Producing Formation(s): List	·				(KCC District Agent's Name)					
Depth to Top: Bottom: T.D. Pluggling Completed: Depth to Top: Bottom: T.D. Pluggling Completed:	Depth t	to Top: Bot	tom: T.D	Pluggir	na Commenced:						
Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records	Depth t	to Top: Bot	tom: T.D		9						
Oil, Gas or Water Records Casing Size Setting Depth Pulled Out Content Casing Size Setting Depth Pulled Out Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hold cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: ** ** ** ** ** ** ** ** **	Depth t	to Top: Bot	tom:T.D								
Oil, Gas or Water Records Casing Size Setting Depth Pulled Out Content Casing Size Setting Depth Pulled Out Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hold coment or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of County, Is prolovee of Operator on Departure on above-described were properties of the											
Formation Content Casing Size Setting Depth Pulled Out			mations.								
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hold cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #:	,										
Plugging Contractor License #:	Formation	Content	Casing	Size	Setting Depth	Pulled Out					
Plugging Contractor License #:											
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Plugging Contractor License #:											
Plugging Contractor License #:											
Plugging Contractor License #:											
Address 1:		. ,		•							
City:	Plugging Contractor License	#:		Name:							
Phone: ()	Address 1:			Address 2:							
Name of Party Responsible for Plugging Fees:	City:			State: _							
State of	Phone: ()										
Employee of Operator or Operator on above-described v	Name of Party Responsible f	or Plugging Fees:									
Employee of Operator or Operator on above-described v	State of	County	,	, SS.							
(Print Name)		(Print Name)			Employee of Operator of	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

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Carte Service, 118

PO Box 884, Chanute, KS 66720 620-431-8210 or 800-467-8676

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FOREMAN STRUCK BARBE

FIELD TICKET & TREATMENT REPORT CEMENT

CEMENT APT 14.285-28008	IMBER SECTION TOWNSHIP RANGE COUNTY	29. 14th 29.		TRUCK# DRIVER TRUCK# DRIVER	7	-	ALT MACIA			HOLE DEPTH CASING SIZE & WEIGHT	TUBING /" OTHER	EFT in	MIX PSI RATE	mesting his 49 To 1" Tubing Bask Cicculation with Every worter.	ent (1) 4% Cel 1200 70 Ser B. C.	,	,
CEMENT APP Y	WELL NAME & NUMBER SECTION	(my Leave 44)	ræ:	TRUCK#	7/0.5	200	1	ZIP CODE	78701			•		1" Tubing Bank Cula	6440 002 mix Coment (1) 4% Cel	Gren a PR.	
320-431-3210 of 800-467-8675	CUSTOMER# WELL NA	89010 PieroninT Farms Lans		COLINGE MORNING LAC		Tark A vin Che Man	2022	STATE	7×	HOLE SIZE	ORILL PIPE	T SLURRY VOL	DISPLACEMENT PSI	STY MOSTING RIG 49 70	5 5Ks 60/40 002 mis	:[
220-431-8210 (DATE	5-10-12	CUSTOMER	411/50m Cou	MAILING ADDRESS	// Cam 40046 A		<u>.</u>	Austin	JOB TYPE P #	CASING DEPTH_	SLURRY WEIGHT	DISPLACEMENT	REMARKS: S 9 F7V	MY 1055Ks	Pall out	

Tap St [well all Tubing was and <u>क्थिंप</u> 저 700 wall all B Of 1" Tabing Pulled own '12 NoTe

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87.78 25.50 356.00 2432.35 695.50 1317.75 TOTAL SALES TAX ESTIMATED UNIT PRICE SubTatal 12.55 MA 25 Ŋ 6.3% DESCRIPTION of SERVICES or PRODUCT But Truck Cameri Sydnar Pos mix Canmilage S. S. PUMP CHARGE 6/40 MILEAGE 7-5 QUANITY or UNITS 105545 3% ACCOUNT CODE 1183 5405 A 5 25 € 131 5407

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. DATE 10-11/49 7612 ₹ In TTLE tond I ham Kicht or AUTHORIZTION

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TOTAL