

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

1164138

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 #:			A	API No	. 15	
Name:				Spot Do	escription:	
Address 1:			-		Sec Tw	vp S. R East West
Address 2:			-		Feet from	North / South Line of Section
City:	State:	Zip:+	_		Feet from	East / West Line of Section
Contact Person:			F	- ootag	es Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic C	County		
Water Supply Well	Other:	SWD Permit #:				Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes				oved on: (Date)
Producing Formation(s): List A	All (If needed attach another	sheet)	b	oy:		(KCC District Agent's Name)
Depth to	o Top: Botto	m: T.D	_	Dluggir	na Commenced:	
Depth to	o Top: Botto	m: T.D				
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.	
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water	r Records		Casing Red	ord (S	urface, Conductor & Produc	ction)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
		<u> </u>				
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for ea	ach plug set.	
Plugging Contractor License #	#:		Name:			
Address 1:			Address 2:			
City:			S	state: _		Zip:+
Phone: ()						
Name of Party Responsible for	or Plugging Fees:					
State of	County, _		· · · · · · · · · · · · · · · · · · ·	, SS.		
	(Print Name)				Employee 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

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COUNTY ws//cm DRIVER TRUCK# 28040 RANGE - 202-21 TOWNSHIP 295 THE DRIVER ない TRUCK# SECTION 47 CEMENT Jones Ges WELL NAME & NUMBER 18701 ZIP CODE oah STATE HVB annty PO Box 884, Chanute, KS 6672 620-431-9210 or 800-467-8676 DATE CUSTOMER# Congress L Jilson ADDRESS みってが 8-H-13 MAILING /

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	CASING SIZE & WEIGHT	OTHER	CEMENT LEFT in CASING	RATE	18" Tobing, Break cirulation with 5 184 Weter	ush, and mixed 25sxs bolyo pormit coment with	25 ses. Pla 250 to Surface		
	HOLE DEPTH 1/62'	TUBING 2%"	WATER gal/sk	MIX PSI	Break cirulati	Mixed 25sks	585' with 2		
(A) (A)	THALE HOLE SIZE	DRILL PIPE	SLURRY VOL	DISPLACEMENT PSI	NA	Flush,	1160 Plug # 2 10		
	JOB TYPE P.T. A TESTHALE		SLURRY WEIGHT	DISPLACEMENT	REMARKS: Rig 110 to	mired 200 # 90	6/0	755KS	

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5406 45 5406 45 113 125 585 118 8 350 # 5407\$ 5,375	MILEAGE MILEAGE MILEAGE Weld Pornix Lencent Loel Q 440 Ton Mikage bolk Took	695.00	695.00 180.00 1568.75 90.30
	WILEAGE 60/40 POZNUK Coel @ 446 Coel Spacer Ton Mikage	4,00	180.00
	45 60/40 POZNUK Coll @ 490 Col Spaler Ton Mileage	12.55	1568.75
	45 60/40 POZNUK 600/40 446 600/ Spalor 700 Mileage	12.55	90.30
	60el 8 440 Ton Mileage	12,	90.30
	Del Spacer Ton Mikage	12,	
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S.	Ton Mikage	7,7	73.50
S.	Ton Mileage	1,1/2	
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Flavin 3737	000 See 5	ESTUMATED	(A)
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l 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. 111111 AUTHORIZMON DY