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

1164152

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plugg

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	r Records	Casing Record (Surface, Conductor & Production)							
Formation	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 hole. If 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 1:		Address 2:		
City:		State:	Zip:	+
Phone: ()				
Name of Party Responsible for Plugging	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d wall is as filed and

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.

Submitted Electronically

ESTIMATION A THAT WANTED ESTIMATION A THE DOT TOT TOT TOT TOT TOT TOT TOT TOT TOT			CAULINIO CRU SALESTAX	SubTatal						5407 Ton Million Rulk Truck Mr.
	DATE IO-MAY	TOTAL	SALES TAX	Sub Tara					·	mis
	1-2012-	2596.36	62.61	2533.25				 		 350.00

Thank vea	1 B	REMARKS: Softy Meeting: Ris up To 1"Tubing. Reso Mix Jutal of 75:Ks 20/40 Doc mix Cement	LACEMENT PSI	SLURRY WEIGHT SLURRY VOL WATER gal/sk	CASING DEPTH DRILL PIPE TUBING / '	JOB TYPE DTA HOLE SIZE HOLE DEPTH	Austin Tx 78701	6	111 Congress Ave, ST& 400	MAILING ADDRESS	Wilson County Holding Lic	5-10-12 Agolo Hendry #9	DATE CUSTOMER # WELL NAME & NUMBER	620-431-9210 or 800-467-8676 CEMENT	PO Box 884, Chanute, KS 66720 FIELD TICKET & TREATMENT REPORT	C			2013-01-14 10:26 CONSOLIDATED 620583
		Break Circula		/sk	.**	TH 1240'			477	485	TRUCK #	/	SECTION	•	ATMENT REI			- 1	6205837901 >>
		1 an	RATE	CEMENT LEFT in CASING		_ CASING SIZE & WEIGHT			ments	Alann	DRIVER	2 6 8	TOWNSHIP	APT 15.205-28006	PORT	FOREMAN STALLE ANEAL	LOCATION Euroks	TICKET NUMBER	13164620972
				CASING	OTHER	EIGHT					TRUCK #	15E	RANGE	5		Taure Nread	ureko		
		Janer Surface	*								DRIVER	Wilson	COUNTY					34629 ~	P 15/15

11153

1131

75 str

6940 Josmin Constr Gal 490

5405 N

4.4

PUMP CHARGE MILEAGE

1070.05

1030.00

12.55 :21

94 125 52,50

UNIT PRICE

TOTAL

ACCOUNT

QUANITY or UNITS

DESCRIPTION of SERVICES or PRODUCT
