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

1164391

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:
Address 1:	Sec Twp 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:	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 #: SWD Permit #: SWD Permit #: 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 #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

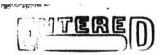
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:	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





TICKET NUMBER	43402
LOCATION EURO	

UCA FOREMAN RICK Ledford

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

520-431-9210 or 800-467-8676 CEMEN				T API# 15-111-20478				
DATE	CUSTOMER #	WELLI	NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-28-13	8983	Forthing # 4	/		35	215	106	Lun
CUSTOMER N	ARE FARTH	-		3 Rours	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR	ESS	/0			520	Allen R.		
2	19 N. 30				(0))	Chois m.		
CITY		STATE	ZIP CODE					
Bul	natio	KS	12839					
JOB TYPE P.		HOLE SIZE 2	718	HOLE DEPTH	1975'	CASING SIZE & V	VEIGHT	in the
CASING DEPTH	۹	DRILL PIPE	<u>h.</u> .	TUBING			OTHER	
SLURRY WEIG	HT_/##			WATER gal/s	k_7.0	CEMENT LEFT in	CASING	
DISPLACEMEN	т	DISPLACEMENT	PSI	MIX PSI		RATE		
REMARKS:	Safety mark	ng. Riz ip	to drill	pipe Plug	yog arders	as follows:		
			15 545	@ 1944'				
			15 5KS 1	P 11030'				
			15 543 0					
		11	5 500 6	250' 15	surface			

"Thank Ye"

QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		TOTAL
1	PUMP CHARGE	1085.00	1085.00
30	MILEAGE	4.20	126.00
160 245	60140 Poznin const	/3./8	2108.80
*	400 ge1	. 22	121.00
6.88	tan mileage buiktur	mju	34.8.00
			5
-			
		Subtatel	3808.80
1			
Kime	0/01048	ESTIMATE TOTAL	3968.23
	1 30 160 oxs 550" (I PUMP CHARGE 30 MILEAGE I LO DES 60 40 Poznis cenet 550 # 470 gc 1	1 PUMP CHARGE 1085.00 30 MILEAGE 4.20 1 60 5xs 60/40 Pozair cenet 13.18 550* 470 gcl .22 (

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.