

**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

#### 1165093

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 N	No. 15			
Name:				Spot Description:			
Address 1:				Sec T	wp S. R East West		
Address 2:				Feet from	North / South Line of Section		
City:				Feet from East / West Line of Section			
Contact Person:			Foota	ages Calculated from Near	est Outside Section Corner:		
Phone: ( )				NE NW	SE SW		
Type of Well: (Check one)			ic Cour	nty:			
Water Supply Well			Leas	ease Name: Well #:			
	orage Permit #:	Date	Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes			roved on: (Date)		
Producing Formation(s): List A			, ,		(KCC <b>District</b> Agent's Name)		
Depth to		m: T.D	l Plugo	ging Commenced:			
Depth to		m: T.D	Plugg	Plugging Completed:			
Depth to	o Top: Botto	m:T.D					
Ob d	all contain all and man famous						
Show depth and thickness of		ations.	0 1 0 1	(0.6			
Oil, Gas or Water				(Surface, Conductor & Produ	,		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
cement or other plugs were us	. 00				ods used in introducing it into the hole. If		
Plugging Contractor License #:			Name:				
Address 1:			Address 2:				
City:			State	:	Zip:+		
Phone: ( )							
Name of Party Responsible fo	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

INVOICE

# LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.

# **GREAT BEND, KANSAS 67530**

(620) 792-2167

7506

			Date _	5-6	1-1	5
CHARGE TO: DS4W Wall Save	ne In					
				A STATE OF THE STATE OF	1	
R/A SOURCE NO CU LEASE AND WELL NO SPOT LOCATION S ZERO CASING SIZE	STOMER ORD	DER NO.		Magnification (		
LEASE AND WELL NO. Herechmit HI	FIEL	D				
NEAREST TOWN	COUNTY	Ellsw	orth	STA	TE /	5
SPOT LOCATION N/2 - NW SE - NE S	EC 4	TWP	165	RANGE	10	w
ZERO CASING SIZE	4511		W	EIGHT		
CUSTOMER'S T.D. LOC ENGINEER LACE AT LOCAL CONTROL LOCAL C	TECH		FLUID I	EVEL		
ENGINEER LOCASIATE	OPERATOR _	Heath	Burl	Her		
PERFOR	RATING					
Description		No. Shots	From	То	Amour	nt
Dwen 456 3175-337 Squeen 1.	loles	Z		400		
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DEPTH AND OPER	ATIONS CHAP	RGES		despirate a		
Description	From		Total No. Ft.	Price Per Ft.	Amour	nt
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				Heracourt		
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The later of the control of the cont						
		Van Hoese			to make	#/E
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					0 7 588	
MISCELL	ANEOUS					
Description		man ment	0	Quantity	Amou	unt
Service Charge				1	550	07
	nt de la company					
PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT						27
RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS				Sub Total	100	00
AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH	Code Ref		Tool	Insurance		
WE HEREBY AGREE.	· · · · · · · · · · · · · · · · · · ·			Тах		
Mr. 1.				,		
Customer Signature Date				4	752	00
Customer Signature Date					3501	



## TREATMENT REPORT

Acid	Atera	NA	*********

Date \$ 25-13 District F. O. No. 4137/ Company DSY Well Name & No. 425.175CH19107  Well Name & No. 425.175CH19107  Location Field County 245CACATH State  Casing: Size Type & Wt. Set at ft.  Formation Perf to  Formation Perf to  Liner: Size Type & Wt. Top at ft. Bottom at ft.  Cemented: Yes/No. Perforated from ft. to ft.  Tubing: Size & Wt. Swung at ft.				### Bbl. /Gal.    Flush			
				Auxiliary Tools			
Open Hole Sixe	ţ:	ft. P.B	, toft.	Plugging or Scaling Muterials: Type  Treater_Sreacle 1		Gala.	
Company Representative TIME PRESS	URES 7	otal Fluid		REMARI	8		
a.m/p.m. Tubing	Casing	Pumped	ON LOCAT				
			Pump 30 Circulate wsoses Pump 100	5/s Com w/ 3/2 5/s Com w/ 3/2 5/s Com w/ 3/2 Cement to 60/4/0 4/90 9/ 2/10 5/s 60/4/0 4/	32cc Surfic L	c. + 1000 ( e (vom 400 Suafice	