

**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

## 1165158

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 #:			ı	API No. 15	5 -				
Name:					Spot Description:				
Address 1:				•	·	wp 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 Cathodi	С	County:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	No						
Producing Formation(s): List A	All (If needed attach another	r sheet)		by:		(KCC <b>District</b> Agent's Name)			
Depth to	Top: Botto	om: T.D		Plugging (	Commenced:				
Depth to	Top: Botto	om: T.D		Plugging Completed:					
Depth to	Top: Botto	om:T.D							
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	r Records		Casing R	Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us						ods used in introducing it into the hole. If			
Plugging Contractor License #:				ame:					
Address 1:			Address	2:					
City:				State:		Zip:+			
Phone: ( )									
Name of Party Responsible fo	or Plugging Fees:								
State of	Countv	County,							
				ployee of Operator or	Operator on above-described well,				

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.





TICKET NUMBER 43426

LOCATION Eweka KS

FOREMAN Shannon Feck

Box 884, Ch	anute, KS 6672		D TICKE	T & TREA	TMENT REP	ORT 15-205-2	8209	
	800-467-8676 CUSTOMER#	WELL	NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
DATE				Strat	<del>                                     </del>	295	14 E	Wilson
9-4-13 USTOMER	8926	Abrose		605	100/100	1447	A CONTRACTOR OF THE PARTY OF TH	
Wils	ion County	1 Holding	5 LLC		TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRES	SS '			Jone	445	Dave 6		
111 6	ongress t	tve, Ste	400		515	Colby N		
ITY .		SIAIE	ZIP CODE		88	Rudy M	MLLOY TO	vering
HUSTi	n	TX	78701				3// /	
OB TYPE P. 7	r. A.	HOLE SIZE 6	8"	HOLE DEPT	1/23	CASING SIZE & W		itale fife
ASING DEPTH_		DRILL PIPE			3 0 1120'		OTHER	
LURRY WEIGH	r	SLURRY VOL_		WATER gal/	sk	CEMENT LEFT in	CASING	
ISPLACEMENT		DISPLACEMEN"	r psi	MIX PSI		RATE		
EMARKS: R	0 VD +	0 21/8	Tubing	4 5	et tollo	wing plugs		
	, ,							Liew
								~~
							WEZ JA	
						No	channon	
. ,,						1	c)Na.	
/''		1120' W	25 5K	3				
201	0/10 10 :	500' W/	25 5					
316	0/04 0	250' to	Surfac	ce w/ 61	SKS			
ACCOUNT	QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT						UNIT PRICE	TOTAL
CODE							730.00	730.00
5405A			PUMP CHAR	CANADA CONTRACTOR CONT	4 well	_	4,20	168 00
5406	40		MILEAGE	# 1 OT	7 6211			
	- 1/2 -	*	10/11/	0	is Lemer	24	13.18	1449.80
11.31	110 5				, 22	83,60		
1118 8	380	*	Gel 6	9 4%			,,,,,,	
			+	7	TIL Tour	. V	MIC	368,00
5407	4.	3 Tons	700 n	nileage !	bulk Tru		+ ", "	
				77		- L.	90,00	270,00
5502C	3 H	75			k #88 ml	wy Trucking		57.09
1123	3300		City	H20			17.30/1000	31.1
		9						
								-
							SUTIAL	2/2/ 4
						7 152	Sub Total	3/26,5
		, /			v-v-au	6.15%	SALES TAX ESTIMATED	97.8
Ravin 3737		1		966	1608		TOTAL	3224
	A	71.		TITLE			DATE	

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