

**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

## 1172239

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:				Description:			
Address 1:				Sec T	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:			Foota	ages Calculated from Near	est Outside Section Corner:		
Phone: ( )				NE NW	SE SW		
Type of Well: (Check one)			ic Coun	nty:			
Water Supply Well	Other:	SWD Permit #:		•	Well #:		
ENHR Permit #:	Gas Sto	orage Permit #:	Date	Well Completed:			
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1		roved on: (Date)		
Producing Formation(s): List A		r sheet)	by:		(KCC <b>District</b> Agent's Name)		
Depth to		m: T.D	l Plugo	ging Commenced:			
Depth to		m: T.D	Plugg	ging Completed:			
Depth to	o Top: Botto	m: T.D					
Show depth and thickness of		ations.					
Oil, Gas or Water				Record (Surface, Conductor & Production)			
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:	me:			
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



260007

TICKET NUM	/BER		42059	
LOCATION	0440	w	a KS	
FOREMAN	Fre	4	Ma Ler -	

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

## FIELD TICKET & TREATMENT REPORT

20-431-9210 c	r 800-467-8676			CEMEN		TOWALOUED	DANCE	COUNTY
DATE	CUSTOMER#		NAME & NUME		SECTION	TOWNSHIP	RANGE	
6:25.13	2745	MeF	adden &	W-4	)	25	19	AL
LICTOMED					TRUCK #	DRIVER	TRUCK#	DRIVER
ENSW	inger E	nevgy h	40		712	Fre Mad		
					495	Har Boc		
1 446 DITY	3000	STATE	ZIP CODE		370	Kilar		
		125	66755		503	Down Dex		
More		HOLE SIZE		J HOLE DEPTH	1		VEIGHT 2 7/8	EUE
OB TYPE	860	DRILL PIPE					OTHER	
ASING DEPTH	IT	SLURRY VOL_			sk	CEMENT LEFT in	CASING	
ISPLACEMEN		DISPLACEMEN		MIX PSI		RATE		
	17 - Ran		- 1	TD. 1	dold crew	meeting.	Pump 6	0/40
Poz W			5150 - P.	oll 400	1" out	. F:110 +	e Sulfac	٠
	ment. P	all Ron	na Dieva	1"TUb.	va Tono	If well w	1 Coment	
	ash out	1" TUL			0			
w	X31 80.		J.					
	Total	35 5	KS 60/	40 Por M	ix Coment	4% Cel.		
	/ 6 702							
						1	15	
						tren	& Made	
ACCOUNT	QUANITY	or UNITS			of SERVICES or PR		UNIT PRICE	TOTAL
5405N		1	PUMP CHARC	JE Plug	ts Abando		-	10850
5406		55m:	MILEAGE	0		495	-	2310
5407	minix		Ton	miles		503		-3680
5502C		2/2/19	80 BG	3c Vac	lruck	370		225
/131		355KS	60/40	Poz mi	x Coment			46135
11188		60#	Prem	June Go	1			/3 =
1110 0								
-			1					
	-							
	1							
						- 445.1	J. 10 10 11 11 11 11 11 11 11 11 11 11 11	
			+			4		

AUTHORIZTION Dave Kusy, by Phase. TITLE DATE DATE

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

7.55%

SALES TAX ESTIMATED