

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

1173225

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 -				
OPERATOR: License #:									
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 Neare	est 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 #:		County: Well #: Well #:					
ENHR Permit #:	Gas Sto	orage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	No		•	roved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	r sheet)		by:		(KCC District Agent's Name)			
Depth to	o Top: Botto	om: T.D		Plugging (Commenced:				
Depth to	o Top: Botto	om: T.D		00 0					
Depth to	o 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	asing 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 #:									
Address 1:			Address	2:					
City:				State:		Zip:+			
Phone: ()									
Name of Party Responsible fo	or Plugging Fees:								
State of	Countv			_ , SS.					
	3 , -				ployee of Operator or	Operator on above-described well,			
	(Print Name)			=[]]	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 NUME	BER	44	275	
LOCATION	On	Klez	Kc	
FOREMAN	Jer	1	Y	

SALES TAX ESTIMATED

Ravin 3737

PO Box 884. C	hanute, KS 667	₂₀ FIE	LD TICKET	& TREAT	TMENT REP	ORT	,		
	or 800-467-867			CEMEN	T			K5	
DATE	CUSTOMER#	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COŪNTY	
10-8-13	2199	Pettit	- 1A-2		21	215	40W	Hamilton	
CUSTOMER	va a a V	Charal	E.	Tribury S	TRUCK#	DRIVER	TRUCK#	DRIVER	
MAILING ADDRE	<u>ssapeaka</u> Ess	(perad	- (1)	+0(6)3,2E	463	Cory D	(MOGRY)		
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CASING DEPTH		DRILL PIPE		_ _TUBING			OTHER		
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ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PF	RODUCT	UNIT PRICE	TOTAL	
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5406	Sing freeze		MILEAGE				5,35	393-25	
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TOTAL DATE TITLE_



AFE 802824

LOG-TECH OF KANSAS, INC.

86 SW 10 AVE. **GREAT BEND, KANSAS 67530** (620) 792-2167

INVOICE

7643

CHARGE TO: Chesapeater Operating	Comba	crk ()	- Teneral (
ADDDECO							
R/A SOURCE NOCUS	TOMER OF	RDER	NO				
LEASE AND WELL NO	<u> </u>	LD _					
NEAREST TOWN C	COUNTY _	1/42	<u>, 1401</u>	<u></u>	ST	ATE	<u>// S</u>
SPOT LOCATION NEW SE	C	Т	WP. <u>_</u> ≳	15	RANG	iE <u></u>	1.1_1
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Customer Signature Date						1854	00

LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.

GREAT BEND, KANSAS 67530 (620) 792-2167

INVOICE

7644

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LEASE AND WELL NO.	O I beating 12 h 10 FIFED								
NEAREST TOWN	COUNTY // STATE &								
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Chronic Sillet	10-X-13	<i>;</i>					W1771	7	
Customer Signature	." Date						1024		



TICKET NUMBER_	44276
LOCATION Oak	10.1 KS
FOREMAN Jer	44

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

FIELD TICKET &	TREATMENT	REPORT
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620-431-9210	or 800-467-8676	6	CEMENT						
DATE	CUSTOMER#	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-9-13	2199	Char	tim 24	~/0	10	225	4240	Hamiton	
CUSTOMER	1 0 6			Tribune 5					
MAILING ADDRE	resapeak ess	<u> </u>		RS10,98	TRUCK#	DRIVER	TRUCK#	DRIVER	
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AUTHORIZTION_	Lamn	J 7 (uch	TITLE			DATE		
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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.