

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

1173503

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.	API No. 15				
				Spot Description:				
Address 1:				Sec	Twp S. R East West			
Address 2:				Feet from North / South Line of Section				
City:				Feet from East / West Line of Section				
Contact Person:			Footage	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	ic County:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:				
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:				
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes		The plugging proposal was approved on: (Date)				
Producing Formation(s): List	t All (If needed attach anothe	r sheet)	by:		(KCC District Agent's Name)			
Depth	to Top: Botto	om: T.D						
Depth	to Top: Botto	om: T.D						
Depth	to Top: Botto	om:T.D		g Completed				
Show depth and thickness o	of all water, oil and gas form	ations.						
Oil, Gas or Wat	er Records		Casing Record (Su	rface, Conductor & Prod	uction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
ement or other plugs were	used, state the character of	f same depth placed from (bot	ttorn), to (top) for ea	cn plug set.				
Plugging Contractor License #:								
Address 1:			Address 2:					
City:			State:					
Phone: ()								
Name of Party Responsible	for Plugging Fees:							
State of	County,		, SS.					
			F	mplovee of Operator or	Operator on above-described well,			
	(Print Name)				operate. on above accombod 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



Revin 3737

264337

TICKET NUMBER 44441

LOCATION Oakle KE

FOREMAN Jerry Y

ESTIMATED TOTAL

	April Ginespoor					FOREMAN	Jerry 1	
		FIEL	D TICKET	r & TREAT	MENT REP	ORT	•	<i>V</i> –
Box 884, Char	nute, KS 66720	± 2 mm Mi.		CEMENT			DAMOS	COUNTY
0-431-9210 or	800-467-8676 CUSTOMER#	WELL	NAME & NUM		SECTION	TOWNSHIP	RANGE	
D) () =			1-13	/3		195	23W	Ness
1/-25-/3 S USTOMER		,		NES EHO	+1	DRIVER	TRUCK#	DRIVER
-	Mu	11		w,25	TRUCK#	Joseph L		
AILING ADDRESS				Binto	399	Cody R		
			TID COST	-	566	+ Way 4		
ΤΥ	s	TATE	ZIP CODE			+		
				_ HOLE DEPTH	DUST	CASING SIZE & WI	EIGHT	
B TYPE P+		.022 0	7/8			-	OTHER	
ASING DEPTH_		RILL PIPE	4/2			CEMENT LEFT in (
	S	SLURRY VOL_			k			
ISPLACEMENT_	C	NSPLACEMEN	T PSI	MIX PSI	and the second second	ondered W/2	30 ckel	20/90
EMARKS: <	afte meet	(- FA -> FX	Sup or	4/4/0	plug as	00000		
48 acl	1445 bs	og P	<u> </u>					
7 0041	@ 15001							
80 cke	@ 690'							
ولأبي مرسو	@ 26A/							
20 0K3	50 60'	W/85/8	o coden	sleg		Think	181	
30 SK	SRL					Harl M	·M	
JU 5/	<u> </u>					-ton	2010	(e)
						Jerry	7 C. F	
	·····						275.300	TOTAL
ACCOUNT	QUANITY	or UNITS		DESCRIPTION O	f SERVICES or	PRODUCT	UNIT PRICE	
CODE	40/34111		PUMP CHAI	RGF			139500	139500
5405N			_	. 102			523	10500
5406	30		MILEAGE	10/2 1	Tiumia	(min)	13	43000
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1107		<u> </u>	Sh-	1907			10025	
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AUTHORIZTION TITLE DATE OF THE CONTROL OF THE CONTR