

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

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. 1	5		
				Spot Des	cription:		
Address 1:					Sec	Twp S. R	East West
Address 2:					Feet from	North / South	Line of Section
City:	State: _				Feet from	n East / West	Line of Section
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			ner:
Phone: ( )				NE NW SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathoo	dic	County			
Water Supply Well	Other:	SWD Permit #:		-		Well #:	
ENHR Permit #:	Gas	Storage Permit #:				vveii #	
Is ACO-1 filed? Yes	No If not, is	well log attached? Yes	No			proved on:	
Producing Formation(s): List	All (If needed attach and	other sheet)		by: (KCC <b>District</b> Agent's Name)			
Depth	to Top: E	Sottom: T.D		•			
Depth	to Top: E	Sottom: T.D					
Depth	to Top: E	Sottom:T.D		Plugging	Completed:		
Show depth and thickness o	f all water, oil and gas f	ormations.					
Oil, Gas or Wate	er Records		Casing R	ecord (Sur	face, Conductor & Prod	luction)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		lugged, indicating where the muer of same depth placed from (bo					
Plugging Contractor License	#:		_ Name: _				
Address 1:			Address	2:			
City:				State:		Zip:	_+
Phone: ( )							
Name of Party Responsible	for Plugging Fees:						
State of	Cour	nty,		_ , SS.			
					nployee of Operator o	r Operator on above	a-described well
	(Print Nam			_ <u> </u>	inhioyee of Operator o	Delator on above	-uescribed 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



TICKET NUMBER	30757
	Kley Ks
FOREMAN Wa	It Dinkel

FIELD TICKET & TREATMENT REPORT Box 884, Chanute, KS 66720

Box 884, Cl	hanute, KS 6672	3 products, supplies on man	CEMEN	aving or material			Customer ag
431-9210	or 800-467-8676	WELL NAME & NUMB	All the state of t	SECTION	TOWNSHIP	RANGE	COUNTY
DATE	CUSTOMER#	To transfer ou on to be gattern		Jole Idebae 2	85	296	Shoriday
-17-11	s and support	Koster Revocable	Trust 32-1	32	0 171/1 71	Constitution of Constitution	Tiely appoint
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9915	WIZIST No	orth, suite "B"	nata b	558	Josh bu		
Y	Samuella of 1015	STATE ZIP CODE	May 3		Cory Di	CW13	11 12 17 11 17 11 11
1 inch	ita	Kan 67205	B 181	10000000 000	educational do el	es femiles els	I MARIE VIII
P TYPE 1	TA - O	HOLE SIZE 77/8	HOLE DEPT	H 4200	CASING SIZE & V	VEIGHT	o s tourneries
		DRILL PIPE 4/2 XH	TUBING	patient to chemica	to to make	OTHER	
SING DEPTH	- 12 -#	SLURRY VOL	WATER gal/	sk	CEMENT LEFT in	CASING	-
	HT 13,5#	DISPLACEMENT PSI	MIX PSI		RATE	Line and How see	and the same of th
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ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CODE		PUMP CHARGE	1,25000	1,25000
5405 N		1382 VE 35 CEL VE HER VE 18 CEL VE HER VE 18 CEL VE 18 C	500	15000
5406	30	MILEAGE	14 35	315700
1131	220 516	60/40 DOZ	.24	18144
11183	756 #	Bentonite	266	14630
1107	55 ±	Flo-Seal Management Management		9600
1101	1	898 Wooden Plug	16	117
511.0	9.46	Ton Milogge DeTivery	158	44840
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	1 1/1/10	Less 15% Disc	La contrata de la contrata	21 61477
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		Burney and the state of the state	ESTIMATED	sm na Dina
Ravin 3737		may supply repervision for the	TOTAL	wob dismul
			DATE	Date Suthuea

TITLE\_ 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.



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