



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1175922
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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



265001

TICKET NUMBER 38122
 LOCATION DAKLEY KS.
 FOREMAN DAMON M.

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

FIELD TICKET & TREATMENT REPORT

CEMENT

KS.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-21-13	1617	BECK 1-17	17	20	25 W	NESS
CUSTOMER BLUE RIDGE			LARI D RDS			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			540 RDB	399	TIM W	
STATE			W40 RDB	566	LANCE	
ZIP CODE			25	RIDE ALONG	JEREMYS.	
			E140			

JOB TYPE PLUG HOLE SIZE 7 7/8 HOLE DEPTH 4610 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting Rig up on Southwind #8 Plug as ordered with 250 SKS 60/40 Poz 490 gel #14 FLOSEAL

50 SKS @ 1060'
80 SKS @ 1150'
50 SKS @ 270'
20 SKS @ 60' WITH 8 5/8 WOODEN PLUG
RH 30 SKS
MH 20 SKS

THANK YOU DAMON CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1325.00	1325.00 ✓
5406	20	MILEAGE	5.25	105.00 ✓
5407	10.75	TON MILEAGE DELIVERY (MIN)	430.00	430.00 ✓
1131	250 SKS	60/40 POZ	15.86	3965.00 ✓
1118B	860 #	BETONITE	.27	232.20 ✓
1107	63 #	FLOSEAL	2.97	187.11 ✓
4432	1	8 5/8 WOODEN PLUG	100.75	100.75 ✓
1111	200 #	SALT	N/C	N/C ✓
			SUBTOTAL	6345.06 ✓
			LESS 10%	634.51 ✓
			SUBTOTAL	5710.55 ✓
			6.15	SALES TAX
				248.26 ✓
				ESTIMATED
				TOTAL
				5958.81 ✓

completed

Ravin 3737

AUTHORIZATION *[Signature]* 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.