

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

1176758

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 #:			AF	² l No. 15	5				
Name:				ot Desc	cription:				
Address 1:			_		Sec Tw	vp S. R East West			
Address 2:				Feet from North / South Line of Section					
City: State: Zip: + Contact Person:					Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
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.					County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:				
Depth to	Top: Botto	m:T.D							
Show depth and thickness of a		ations.							
Oil, Gas or Water				g Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were us						Is used in introducing it into the hole. If			
Plugging Contractor License #: N			Name:	ne:					
Address 1:			Address 2:						
City:			Sta	ate:		Zip:+			
Phone: ()									
Name of Party Responsible fo	or Plugging Fees:								
State of	County, _		, s	is.					
	(District Name)			Em	ployee 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



TICKET NUMBER 44529	
LOCATION Oakley Ko.	
FOREMAN Dauen	

SALES TAX

ESTIMATED TOTAL

DATE_

Ravin 3737

AUTHORIZTION

	chanute, KS 667 or 800-467-8676	20	LD HCKEI &	IKEA EMEN		ORI		6.
DATE	CUSTOMER#	WEL	L NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
11/19/13	5020	Val Gamore 1933-1-25			25	19	33	Scott
CUSTOMER			Sho	11011		Lare being	exceptional (fix	
MAILING ADDRESS				ter	TRUCK#	DRIVER	TRUCK#	DRIVER
				1/45	463	Cory		
NTV.		STATE	ZIP CODE E)	nto	466	Jesmey 5		
CITY		STATE	ZIP CODE	ь	693	Stevan		
OB TYPE	247	HOLE SIZE	HOL	E DEPTH		CASING SIZE & V	VEIGHT 5 1/2	, 15.5
CASING DEPTH DRILL PIPE		TUB	ING.23	8		OTHER		
SLURRY WEIGHT 2.575 13 SLURRY VOL		WATER gal/sk CEMENT			CEMENT LEFT in			
ISPLACEMEN	Τ	DISPLACEMEN	T PSIR	PSI	600	RATE 2	6517026	6/
EMARKS:	aftu moe	tino B	ie us on T	Titan	Well 50.	svice Plu	995 050	Apred
nix 170	5K3 60/40	4% Gol 14	("Flosaa!]=			with 250		Displac.
1H 24	bbl water	Pressure	to 500 # A	E 100.5	e & Shoot	+ Perfort	600 mi	1305K
o Suifar	e Washur				wn	4	4551	
·			,		Thanks	Buen	y Crow	
ACCOUNT CODE	QUANITY	or UNITS	DESCRI	PTION of	SERVICES or PI	RODUCT	UNIT PRICE	TOTAL
5401			PUMP CHARGE				1395,00	1395 8
53106	40		MILEAGE				75,25	762,2
367A	12.9	2	Ton Miles	198 X	Delivery	<i>e</i>	175	\$ 903,3
	*							,
1131	.300	5/5 ·	Syster mi	a a a a a a a a a a a a a a a a a a a	9		15,86	54758.5
1118 B	1032	7 年	Bentonite			500 1000 1000 1000 1000 1000 1000 1000	\$,27	\$ 278.9
1107	75 *	fo.	F155ea1		*		292	8 222,Z
1105	250	T.C.	Halls				\$.73	₹ 145.00
						10 50	942	
						9		
	-							3
			-					
		V						
							() T-L /	8001112
					1 1		Sub Total Less 10% SubTotal	1964
		0	-			ii	155 1070	1 /76,40
	4							

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.

TITLE_