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** 

1184897

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp 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 Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic   Water Supply Well Other: SWD Permit #:	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Commenced:
Depth to Top: Bottom: T.D	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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operato		
		atotomonto, and matters barain contained, and the l		

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

	CONSOLIDATED				TICKET NUM	BER 270	014
	Oli Viali Barvissa, LLC				LOCATION_	Hawa	KS
	•	•	•	1	FOREMAN_	med mo	iden .
		FIELD TICKET			ORT	· · · · · · · · · · · · · · · · · · ·	
	0 or 800-467-8676		CEMENT	· · · ·		• .	
DATE		VELL NAME & NUMBE	ER	SECTION	TOWNSHIP	RANGE	COUNTY
7/29/10	6316 Ear	Grey #6	8	SE 197	26	17	wo
CUSTOMER	Q. Kingh Nous		<u> </u>				
MAILING ADD	DRESS	dopment :	· -	TRUCK#	DRIVER	TRUCK#	DRIVER
34	08 W 93rd	C+	-	Fred	305	Safet	nety
CITY	STATE		· · ·	94-164	Arles	APAR	
Lea	wood KS	66206	-	544	Gecil		
JOB TYPE	Plus HOLE SIZE			A cia i			
			HOLE DEPTH	840'	CASING SIZE & W	EIGHT	19
SLURRY WEI				10	L	OTHER	
DISPLACEME			VATER gal/sk	1 • <i>1</i> •	CEMENT LEFT IN		
REMARKS:					RATE YBP	m	
KEMARAS:			U Dril	pipo.		5KS Cam	ux
<u> </u>	TD. Poll Oril		<u>500'</u>	'Spot	105/15 (		
<u> </u>		40 250'	<u> Fill</u>	hole to	s Sorfoc	e. Pull	
	many drill p	ipe + W	esh cl	ean. To	p off w	ell w/ Ce	ment
	<u>_</u>	alle mala	0				
·	12.	sks sols	o pa m	ix Come	t w/ 6% C	el Tox	al
1-1	N. (11)			<u> </u>	A		
- Hay	Drilling		····		- I al	1	
	, Supplied W	ater.		!	Jul 1	nodu	
ACCOUNT			· · ·	j 1	· · · · · ·		
CODE	QUANITY or UNITS	DESC	CRIPTION of S	ERVICES or PRC	TOUCT	UNIT PRICE	TOTAL
5405N		PUMP CHARGE	Pluc				92500
5406	. 80	MILEAGE	umo	Truck			
5407	Minimum.	Ton W	liles				2929
				1 1 1 4			
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11180	503	Premi	um G	el			72 **
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•		WV 20	5600	<u> </u>			
			•				
Ravin 3737		<u> </u>		· · · · · · · · · · · · · · · · · · ·	7,3%	SALES TAX	5415 2327 <sup>87</sup>
						ESTIMATED TOTAL	77 27 87
AUTHORIZTIC	N No 100 Repon	site T	TIF				~~~

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