

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

LL DILLOCING DECORD

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.	15			
Name:				Spot Description:			
Address 1:				Sec	Twp S. R	EastWest	
Address 2:				Feet from North / South Line of Section			
City:	State:	Zip: +		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)		OG D&A Cathodic	County:				
Water Supply Well C		SWD Permit #:	Lease N	Lease Name: Well #: Date Well Completed:			
ENHR Permit #:	Gas Sto	rage Permit #:	Date We				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No The plug	gging proposal was app	proved on:	(Date)	
Producing Formation(s): List A					(KCC D	istrict Agent's Name)	
Depth to	•	m: T.D	Plugging	g Commenced:			
Depth to		m: T.D	Plugging	g Completed:		_	
Depth to	Top: Botto	m:T.D					
Show depth and thickness of a	all water, oil and gas forma	ations.	·				
Oil, Gas or Water	Records		Casing Record (Sเ	ırface, Conductor & Prod	duction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us	. 00		•				
Plugging Contractor License #	Name:						
Address 1:			Address 2:				
City:			State:		Zip:	+	
Phone: ()							
Name of Party Responsible for	r Plugging Fees:						
State of	County, _		·				
	(Drint Name -)		L E	mployee of Operator of	r U Operator on ab	ove-described well,	
being first duly sworn on oath,	(Print Name) says: That I have knowled	lge of the facts statements, ar	nd matters herein o	ontained, and the log of	of the above-described	well is as filed, and	

Submitted Electronically



TICKET NUMBER	42610
LOCATION DAY	ang
FOREMAN Alar	1 Mades

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

FIELD TICKET & TREATMENT REPORT

620-431-9210 or			MENT			
	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-29-14 CUSTOMER	- /	litenell #80	N42	28	23	CR
Blue	400 Cruo	le	TRUCK#	DRIVER	TOUGH	A 10 1
AILING ADDRES		- In the Indian	730	AlaMal	TRUCK#	DRIVER
8325	w 17	2 Terr	368	ANI Man	UGIES	Mee
TY .	STAT	E ZIP CODE	625	Ke Det		
Stilwe	11 ×	5 66085	548	M: K Hag		
B TYPE pla	7 9 HOLE	SIZEHOLE D		CASING SIZE & W	EIGHT 27	}
ASING DEPTH_	188 DRIL	L PIPETUBING	. 17		OTHER	
URRY WEIGHT_	SLUR	RRY VOL WATER		CEMENT LEFT In		35
SPLACEMENT_	DISPI	LACEMENT PSI MIX PSI		RATE /	hos-ye	s/
MARKS: He	ld meeti		1" to 1120	W TD	Milana de	1
Pympe	d 10 15K	Um in	not plas	400 00	TIXEO	40-
CINCH	lated 1	Punont Dist	10-0 11/10	1900 58	1	77
			The state of the s	1 / -	Mari	/
			- A 1	ant All	BULL	
		- 6	1/46	WY! V		
ACCOUNT CODE	QUANITY or UNI	TS DESCRIPTION	ON of SERVICES or PRO	ОВИСТ	UNIT PRICE	TOTAL
5405A		PUMP CHARGE		368		5000
1406		MILEAGE		368		300
4074	37.2	8 tonnile	25	348		525
5026	11/2	80 vgc		675		13500
700	•					700
An and a second						
24	10	50150 Ca	enent			11500
118B	33#	90		-		7 26
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		N N			CALEDIAY	8 24
3737	Robert				SALES TAX ESTIMATED	8.7\$

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