

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

1186754

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 #:			AI	PI No. 1	15		
Name:							
Address 1:			_		Sec Tw	vp 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:			Fo	otages	Calculated from Neares	st Outside Section Corner:	
Phone: ()					NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	ountv: _			
Water Supply Well C	Other:	SWD Permit #:				Well #:	
ENHR Permit #:	Gas Sto	orage Permit #:					
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes			•	oved on: (Date)	
Producing Formation(s): List A	All (If needed attach another	r sheet)	by	/:		(KCC District Agent's Name,	
Depth to	Top: Botto	om: T.D	_{PI}	uaaina	Commenced:		
Depth to	Top: Botto	om: T.D		00 0			
Depth to	Top: Botto	om:T.D		333			
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	r Records		Casing Reco	Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If	
Address 1:			Address 2: _				
City:			St	ate:		Zip:+	
Phone: ()							
Name of Party Responsible fo	or Plugging Fees:						
State of	County, _		,	SS.			
	(8.1.11			En	mployee 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



264102

ticket number 44433
LOCATION Okley Kr
FOREMAN Jeccy Y

PO Box	834,	Cha	nute,	KS	66720
620-431	-9210	OF	800-	467-	8676

FIELD TICKET & TREATMENT REPORT

11-15-13 5020 Jayle Trust 2132 1-11 11 215 32 Finger JUSTOMER To tool Dell Service CWS Scoth 17 TRUCK# DRIVER AALLING ADDRESS WILLIAM SANDERSS WILLIAM SANDERSS WATER STATE IP CODE PARTY STATE IP CODE No. 34m to 45 Lance R PARTY ASSIGN DEPTH CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH DRILL PIPE TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH TUBING 2/4 CASING SIZE & WEIGHT 5/217 4/28 ASSIGN DEPTH CASING SIZE & WEIGHT 5/217 4/28 ASSIG	620-431-9210	or 800-467-8676	6		CEMEN	T			K5
SUBSTONE JUNE JAILING ADDRESS JAILING	DATE	CUSTOMER#	WELL	NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
AALING ADDRESS WILLIAM STATE PORT STATE PICODE STATE PICODE STATE PICODE STATE PICODE W. S. J.	//-15-/3 CUSTOMER		Joyce	Trust 213			2/5	32 w	Finney
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DRILL PIPE TUBING 2/8 CEMENT LEFT IN CASING SILVERY VOL. WATER galler CEMENT LEFT IN CASING SILVERY	Dove	·C	DK	737.34	into				
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REMARKS: Safty meeting a riq up on well had 2 totaling school 2000 pump bodol capt by 201 returns top at mixed 25 sks 60/410 poz 426 gel 14 to seed bringing T.O.C. to 1700 mix 40 sks & 100 mix 35 sks. & 100 mix 35	SLURRY WEIGH	ıт <u>/3.2</u>	SLURRY VOL_				CEMENT LEFT in	CASING	
MY 40 545 @ 110/ MY 40 545 @ 110/ MY 40 545 @ 110/ MY 50 545 @ 110/ MARK YOU COUNT CODE QUANITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL 5405 N	DISPLACEMENT		DISPLACEMENT	T PSI					
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MIX 35 sks @ 100/ MIX 35 sks @ 100/ x 5/2 rubber pluy + Spillower into 87k and topped off (6) cut of tab 150 sks total (60/40 490ge) /4/4 flosed MIX 4004 MIX 4004 MIX 400	MV 400	sta @ 150	00 /	, , ,	4		00		
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TOTAL (6/8/, 160	lavin 3737	_						ESTIMATED	
	AUTHORIZTION	1		1	TITLE			TOTAL DATE	(010 1, 10

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.