

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

1188594

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														
										Address 2:					Feet from North / South Line of Section				
										City:	Zip:+	.	Feet from East / West Line of Section						
Contact Person:			'	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County:															
Phone: ()																			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic																
Water Supply Well	Other:	SWD Permit #:																	
ENHR Permit #:	Gas Sto	orage Permit #:	— I ,	Date Well Completed:															
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes																	
Producing Formation(s): List	All (If needed attach another	r sheet)		by:		(KCC District Agent's Name)													
Depth to	o Top: Botto	m: T.D	,	Plugging Commenced:															
Depth to	·	m: T.D	— I ,																
Depth to	o Top: Botto	m:T.D		00 0	•														
Show depth and thickness of		ations.																	
Oil, Gas or Wate	r Records		tion)																
Formation	Content	Casing	Size		Setting Depth	Pulled Out													
		ed, indicating where the mud same depth placed from (bot				Is used in introducing it into the hole. If													
Plugging Contractor License #:																			
Address 1:			Address 2:																
				State:		Zip: +													
Phone: ()																			
Name of Party Responsible for	or Plugging Fees:																		
State of	County, _			, SS.															
	(Drint Nome)			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

SCHIPPER'S OIL FIELD SERVICES, L.L.C. 1203

REMIT TO	18048 170R RUSSELL,		SERVICE POINT: [Nusself, US]							
" In-	SEC.	TWP.	RANGE	CAL	LED OUT	ONLOCATION	IOB START	JOB FINISH		
DATE 2-10	14 300			,			COUNTY	STATE		
LEASE JOHN SON	1	<u>1-</u> 17	LOCATION (Quinter h	5 9N	3/46)	sheridan	45		
OLD OR NEW			Sinto	· · · · · · · · · · · · · · · · · · ·	······································					
	·	· ——· —			OWNER					
CONTRACTOR TYPE OF JOB	60 70019		<u> </u>							
HOLE SIZE	[- <u>17]</u>		T.D.	- -	CEMENT	RDERED 4305	2 60/Vn 4	16/2/		
CASING SIZE			DEPTH	 .	AMOUNT O	RDERED, 7000	7 407 10 1	7		
TUBING SIZE	23/8		DEPTH 4000	<u> </u>			·			
DRILL PIPE	_,,		<u>DEPTH</u> DEFTH							
TOOL.			MINIMUM		COMMON		_ @			
PRES. MAX MEAS. LINE			SHOE JOINT	<u>-</u>			ω			
CEMENT LEFT	N CSG.	·		_	GEL		@ — —			
PERFS		n	. ————		CHLORIDE		_ @	· — —		
DISPLACEMEN'	<u> </u>	41:NT		·	ASC		_ @			
	EQUIPA	M:N I					_ @			
PUMPTRUCK	CEMENTER	Heath					_ @			
# P/	HELPER	Cost-6			<u></u>		@			
BULK TRUCK							_ (4)			
# B3	DRIVER	Eric /	M <u>urk</u>	—			_ @			
BULK TRUCK	,				, ,		_ @			
#	<u>DRIVER</u>					,,	@			
					HANDLING MILEAGE	i	<i>₩</i>			
					MILEAGE		ТОТА	۱ ـ		
		MARKS:	can #							
1st flug C	<u> 4000 </u>		200 # 250 #	·		c	ERVICE			
2nd flug (7/60 -	70) <u>x = 1</u>	(1) # - COM	Toxit		9	ERVICE			
OF NOTE OF	14/00 00 1	40 600	uside and m.	y 135x	DEPTH OF	IOB				
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and M. X.	JOSY - TATO	Luos E	Cell	<i></i>	EXTRA FO	OTAGE	@			
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·					MANIFOLI)	— @ ———-	·-		
	•••						_ @			
	. 11	11					_ @·			
CHARGE TO: =	Salbrean	<u>~</u> -					TOTA	NJ. — ———		
STREET										
CITY STATE 7.0P						PLUG & FI	OAT EQUIPME	RNT		
								,		
Schippers Oi	I Field Scrvice	s, L.L.C.,				7 11 11/2	(0)	-,		
Vou are her	oky remiested	to rent co	menting equipm	ent and	<u> </u>	00 # Halls				
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do protk se i	eligted The a	hove work	was done to sau	stacuon		 	•			
and supervis	ion of owner	igent or co	ntractor. I have r	ยเกมระ	· ·		@			
understand t	the "GENERA	T TEKMI	S AND CONDI	IOIAD			τοτ	Al		
listed on the	reverse side.						101	···· <u> </u>		
PRINTED NAM	AF									
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SIGNATURE								_ IF PAID IN 30 DAYS		
					DISCOUN	··,, ———				