

**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

### 1189301

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 #:			APIN	No. 15	
Name:				Description:	
Address 1:				Sec T	ſwp 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:			Foota	ages Calculated from Near	est Outside Section Corner:
Phone: ( )				NE NW	SE SW
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi  SWD Permit #:  rage Permit #:  log attached? Yes	Leas Date	e Name:	Well #: (Date)
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC <b>District</b> Agent's Name)
		m: T.D			
Depth to	o Top: Botto	m: T.D	1		
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:	
Show depth and thickness of	all water, oil and gas forma	ations.			
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)
Formation	Content	Casing	Size	Setting Depth	Pulled Out
cement or other plugs were us			•		ods used in introducing it into the hole. If
Plugging Contractor License #	#:		Name:		
Address 1:			Address 2:		
City:			State	:	Zip:+
Phone: ( )					
Name of Party Responsible fo	or Plugging Fees:				
State of	County		. 88		
				Franksis of Orest	Operator on all size described to
	(Print Name)			Employee 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

# 810 E 7<sup>TH</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561

# Cementing & Acidizing of Kansas, LLC



Cement or Acid Field Report Ticket No. 1071

Foreman Kevin McCoy

Camp Eureka

Date	Customer ID #	Leas	e & Well Number		Section	То	wnship	Rang	е	County		State
1/31/14	1003	Cline	BB-26		16	2.	45	18E		ALLEN		Ks
Customer			Safety	Unit #	Driv				Unit#		Driver	
COLT ENERGY, INC			Meeting	102	Shannon					<u> </u>		
Mailing Address			KM	110	Rudy.		M7.			ļ		
	P.O. BOX 388			SA RM					+		ļ	<del></del>
City		State	Zip Code	1			ļ		+		<u> </u>	
	TOLA	Ks	66749				<u> </u>	<del></del>				
Job Type	P.T.A. (old well	( ) Hole Der	th		Slurry Vol				Tubi	ng <u>~</u>		
•				Slurry Vol.				<del>-</del>				
Casing Depth Hole Size				Slurry Wt.				·				
Casing Size & Wt Cement Left in Casing				Water Gal/SK			***************************************	Other				
Displacem	nent	Displace	ement PSI		Bump Plug to			<del></del>	BPM	1		
Remarks	: SAFETY Meeti	Ng: RAN 1	" Tubing INSId	e 2" 70	ibing to 8'	73 <b>′</b> .	Pump	Solid	Cer	ment Plug	+Kom	873'
to SUR	FACE. PULL I"	Tubing. To	off well w/	Cemen	it. TOTAL C	eme.	at to 1	1/2 W	e22 =	= 25 sks 6	0/40	POZMIX
Cement	t w/ 4% GeL.	Job Compi	lete. Rig down								,	
		,	,									

Code	Qty or Units	Description of Product or Services	Unit Price	Total
2 105-2	1	Pump Charge	500.00	500.00
107	ф	Mileage 2Nd Well OF 3	÷	N/c
203	25 sks	60/40 POZMIX CEMENT	12.75	318.75
206	85 <sup>#</sup>	Gel 4%	. 20	17.00
) /08 A	1.07 TONS	Tow Mileage	1/2 OF MIC	172.50
		,		
		,		
		THANK YOU	SUB TOTAL	1008.25
		THANK YOU 7.4%		74.61
A 41 :-!	ation A	2	Total	1082.86