

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

ELL BLUGGING PECOPD

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.	API No. 15				
Name:			Spot De					
Address 1:								
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 Cathodi	County:	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	l log attached? Yes	No The plu	gging proposal was ap	proved on:	(Date)		
Producing Formation(s): List A				by: (KCC District Agent's Name)				
Depth to		m: T.D	Pluggin	Plugging Commenced:				
Depth to		m: T.D	Pluggin	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 (St	Record (Surface, Conductor & Production)				
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, _		· <u> </u>					
	(Drint Name)		E	mployee of Operator of	or Operator on ab	ove-described well,		
being first duly sworn on oath,	(Print Name) says: That I have knowled	dge of the facts statements, ar	nd matters herein o	contained, and the log	of the above-described	well is as filed, and		

Submitted Electronically

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

REMIT TO	18048 170R RUSSELL,		SERVICE POINT:					
" 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>					
HOLB 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>8 = 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 ZIP						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	··,, ———		