Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1193447

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 East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Deptn to lop: Bottom: I.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name: _			
Address 1:		Address	2:		
City:			_ State:	Zip:	+
Phone: ()			-		
Name of Party Responsible for Plugging F	Fees:				
State of	County,		, SS.		
	(Print Name)			perator or Operator on abo	
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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 the same are true and correct, so help me God.

Submitted Electronically

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	ill Mull Barula	n, LLG	\mathcal{L}				Oakley 1	<u> </u>
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	anute, KS 6672 r 800-467-8676			CEMEN				No
DATE	CUSTOMER #		LL NAME & NUM		SECTION	TOWNSHIP	RANGE	
10-9-13	2199	14	atum 24	-10	10	225	424	Hanston
USTOMER			an frim the second	TribureS				
	esapeak	e		R& 10,9E	TRUCK #	DRIVER	TRUCK #	DRIVER
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ITY	·]	STATE	ZIP CODE	1 1		mere k		<u> </u>
						<u>† </u>		†
OB TYPE A	WP	HOLE SIZE		HOLE DEPTH		CASING SIZE & W	EIGHT	2
ASING DEPTH_		DRILL PIPE		_TUBING		- <u></u> ,	OTHER	
LURRY WEIGHT	13.8	SLURRY VOL	1.42	WATER gal/sl	6.9	CEMENT LEFT in	CASING	<u> </u>
SPLACEMENT_		DISPLACEME		MIX PSI		RATE		11 11
	ty meeting a	c Cigupor		Mix 40	5 <u>ks 60/41</u>	2002 4 20g 01		Hulls
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ACCOUNT CODE	QUANITY		DE	SCRIPTION of	SERVICES or PR	RODUCT		TOTAL
ACCOUNT			DE PUMP CHARG		SERVICES or PR	RODUCT	1395	TOTAL /3950
ACCOUNT	QUANITY	or UNITS		SE	······································		1395# 545	
ACCOUNT	QUANITY	or UNITS	PUMP CHARG	E	······································	RODUCT	1395	
ACCOUNT CODE 5405A 5406 5407A	QUANITY 	or UNITS	PUMP CHARG MILEAGE	ee George dell	······································	RODUCT	1395# 5#15 1 75	13950 7315 84675
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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.