

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

1198542

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 #:			AP	l No. 15	i		
Name:				ot Desci	ription:		
Address 1:			_		Sec Tw	rp 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:			Foo	otages C	Calculated from Neares	st Outside Section Corner:	
Phone: ()				1	NE NW	SE SW	
Type of Well: (Check one) C Water Supply Well C ENHR Permit #:	Other:	OG D&A Cathodi SWD Permit #:	Lea	ase Nam	me:	Well #:	
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1 1		•	oved on: (Date)	
Producing Formation(s): List A	_		_			(KCC District Agent's Name)	
Depth to	Top: Botto	m: T.D					
Depth to	Top: Botto	m: T.D		00 0			
Depth to	Top: Botto	m: T.D		gging C	completed:		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	Records		Casing Recor	d (Surfa	ace, Conductor & Produc	tion)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us						Is used in introducing it into the hole. If	
Plugging Contractor License #: Name			Name:				
Address 1:			Address 2:				
City:			Sta	te:		Zip:+	
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _		, s	S.			
	(Print Name)			_ Emp	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



265902

TICKET NUMBER	43079
LOCATION Oak	ebey US
FOREMAN 777	25 Shaw

	hanute, KS 667 or 800-467-867	20	ELD TI		REA MEN	IMENT REF T	PORT		March
DATE			LL NAME	NAME & NUMBER SECTION			TOWNSHIP	RANGE	COUNTY
2-10-14	5459	Mishle	- A #	1-32		32	165	2300	NESS
MAILING ADDRESS					YHay	TRUCK#	DRIVER	TRUCK#	DRIVER
CITY		STATE	ZIP CC	DDE V.O		440	Steven O		
JOB TYPE P	S TYPE PTA HOLE SIZE 7 % SING DEPTH DRILL PIPE			HOLE DEPTH 44600 TUBING					
		8 SLURRY VOL 1.4			WATER gal/sk				
DISPLACEMENT DISPLACEMENT PSI REMARKS: Safety moeting and is up.		MIX P	SI		RATE				
2 plug Se	osks@180 Sks@1300	575.'	'9 hp	on Du	hea	talling	x.5 #4		
4th plug 52	SKS@ 510 SKS@ 240' SK& 60'	_			J	70 Shs i	leb/40DOZ 40	23 / 14 H	Sal
	7.3								
ACCOUNT	QUANITY	or UNITS	Name of the last o	DESCRIPT	TION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	/	PUMP CHARGE	1395	13750
5406	15	MILEAGE	5.25	78,25
5407	11.61 tons	Ton Milose deliver	430.00	730. W
107	67 H	Flose	2.97	198.99
1118B	928 \$	Benton. to	.27	2006
1131	276 Shs	Golya por Coment	15.86	4282.
		** · · · · · · · · · · · · · · · · · ·		
			Subbaku	4635.5
		less 14	didoun	66355
			Substal	5971.93
		rompleted		-
i		6,15	SALES TAX	201.91

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.