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** 

1199672

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

Address 2:	OPERATOR: License #:	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	Sec Twp S. R East West
Contact Person:	Address 2:	Feet from North / South Line of Section
Phone: ( )	City: State: Zip: +	Feet from East / West Line of Section
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  County:  Lease Name:  Well #:    ENHR Permit #:  Gas Storage Permit #:  Date Well Completed:  The plugging proposal was approved on:  Date Well Completed:    Producing Formation(s): List All (If needed attach another sheet)  Met attach another sheet)  by:  (KCC District Agent's)    Plugging Commenced:  Plugging Completed:  Plugging Completed:  Plugging Completed:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Water Supply Well  Other:  SWD Permit #:  County:  Lease Name:  Well #:    ENHR Permit #:  Gas Storage Permit #:  Date Well Completed:  Date Well Completed:  The plugging proposal was approved on:  Date Well Completed:    Producing Formation(s): List All ( <i>lf needed attach another sheet</i> )  by:  (KCC District Agent's Plugging Commenced:    Depth to Top:  Bottom:  T.D.  Plugging Commenced:    Plugging Completed:  Plugging Completed:	Phone: ( )	NE NW SE SW
	Water Supply Well  Other:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:    Is ACO-1 filed?  Yes  No    If not, is well log attached?  Yes  No    Producing Formation(s): List All ( <i>If needed attach another sheet</i> )  T.D.	Lease Name:  Well #:    Date Well Completed:  (Date)    The plugging proposal was approved on:  (Date)    by:  (KCC District Agent's Name)    Plugging Commenced:  (KCC District Agent's Name)
	Depth to lop: Bottom: T.D	

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

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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)		tor or Operator on ab	
		statements, and matters herein contained, and the		

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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					TICKET NUMB	<sub>ER</sub> 47	618
CON	ISOLIDATED	<u> </u>				blank	<u>, .</u>
CH Y	Nell Berylens, LLC	261	11860			Arren	
		<u> </u>				anen	
Box 884, Chanu	11e, ng qu/2v	ELD TICKE			PURI		K.
431-9210 or 8	00-467-8676		CEMEN		TOWNOLUD	RANGE	
DATE CL	JSTOMER # W	ELL NAME & NUM		SECTION	TOWNSHIP		
17/14/2	582 Flag	ler # 5	•	33	1	22	Trego
STOMER //	Padrati		WA Keena	TRUCK #	DRIVER	TRUCK#	DRIVER
ChOILA	Production		HRA	512	Keith	integration in the second seco	
LING ADDRESS	. <b>.</b>		5E	566		·	
		ZIP CODE	2,44		Jermey	<u> </u>	
r	STATE		Sinto	397	Jake		
		<u> </u>		·	MIICHAL/	11/2	<u> </u>
TYPE AW	HOLE SIZE		_ HOLE DEPTH		CASING SIZE & V		
SING DEPTH	DRILL PIPE		_TUBING_ <u>16</u>			OTHER	
IRRY WEIGHT	<u>2.576/3</u> slurry vo	L	WATER gai/s	k	CEMENT LEFT in	CASING	
PLACEMENT	DISPLACEM		_ MIX PSI		RATE		110.20+
MARKS: Saf	ty Meeting Jo Pit Mix	Rie apo	n Ulti	motewe	ell service	<u>Iump X</u>	<u>BBC Ware</u>
Get Bloc	STO Pit Mixe	245 5Ks 8	1/40 4 % (	3e) 14 Fk	500/ 7.0 Jul	Fare Pul	1 Iu Ding
in 30 sks	Down Backsi	det Tope	off Casin	g with 15	<u>ska Washi</u>	p pumpt	lines
o Down							
J.Lennet							
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				Tranko	Kauen y	Crew	
ACCOUNT			ESCRIPTION O	f SERVICES or F	<u> </u>	UNIT PRICE	TOTAL
CODE	QUANITY or UNITS	<b>_-</b> _				18750	
5405A		PUMP CHAR	IGE			5 25	0/3.
5404	60	MILEAGE		_ <del></del> ;			3/5
407	12.47	Ton 1	Nileage	Delive	<u>cy</u>	1.12	1309.
				بد 	/		
131	290 SKS	60/40 F	BZ MIV			15.86	¥4599.9
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118 B	998	isen to	inite			10 97	+ 8

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5405A		PUMP CHARGE	₹ <u>875</u>	*875,°	
5404	60	MILEAGE	5.25	# 315,00	
5407	12.47	Ton Mileage Delivery	11.75	1309.20	ľ
			4.1.91	45 99.40	
1131	290 SKS	6/40 Poz Miy	\$15.86		
118 B	998*	Bentonite	,27	# 269.46 # 216.81	
1107	73*	Floseal	\$2.97	\$ 2/6.	
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		· · · · · · · · · · · · · · · · · · ·	SubTotal	7584.97	
			Less 10%	68263	<b> </b>
			<u>SubTotal</u>	00-26-2-	1
				<u> </u>	
 	<u> </u>		SALES TAX	350.14	
Ravin 3737			ESTIMATED		1/
mavin 3/3/	In the		TOTAL	7176.52	
	AVMALA	TITLE AGENT	DATE	<u> / - / T</u>	

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.