

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

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				
City:	State:	Zip: +		Feet from Fast / West Line of So				
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	dic County:					
Water Supply Well	Other:	SWD Permit #:	· · · · ·	Lease Name: Well #:				
ENHR Permit #:	Gas St	orage Permit #:						
Is ACO-1 filed? Yes	No If not, is we	ell log attached? Yes		Date Well Completed:				
Producing Formation(s): List	— All (If needed attach anothe	er sheet)			(KCC District Agent's Nan			
Depth t	to Top: Bott	om: T.D						
Depth t	to Top: Bott	om: T.D						
Depth t	to Top: Bott	om:T.D		g Completed:				
Show depth and thickness of	all water, oil and gas forn	nations.						
Oil, Gas or Wate	er Records		Casing Record (St	urface, Conductor & Prod	luction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
cement or other plugs were u	used, state the character o	f same depth placed from (bo	ttom), to (top) for ea	ach plug set.				
Plugging Contractor License		Name:						
Address 1:			Address 2:					
City:			State:		Zip:+			
Phone: ()								
Name of Party Responsible f	or Plugging Fees:							
State of	County,		, SS.					
			[] E	Employee of Operator o	r Operator on above-described we			
	(Print Name)							

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



TICKET NUMBER	4	7	5	8	4	 	
LOCATION Ockley KS						 	
FOREMAN Dane Ret	zla	ç	î				

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

	or 800-467-867			CEMEN	IT			Ks		
DATE	CUSTOMER#	WEI	L NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY		
4-11-14	2144	Beach	Corley 1-	26	26	25 6	310	Finney		
CUSTOMER				Seve		T power	TOUGH			
MAILING ADDRESS			}		TRUCK#	DRIVER	TRUCK#	DRIVER		
			v 0		399	Cory				
CITY		STATE	ZIP CODE	_	566	Jeff.				
CITT		SIAIL	Zii CODL			Steven				
				J		Fuzzy				
-	DB TYPE AWP HOLE SIZE					CASING SIZE & V				
			TUBING				OTHER			
					WATER gal/sk_ 6.7 CEMENT LEFT					
			ENT PSI MIX PSI RATE							
REMARKS: 5	efter me	edine Pr	essure tess	L. MIN A	80 60/40 de	wa hole with	200 LBJ C	otton sied		
MIX 35	down Lackai	Je . Top	of with A	10 Wash	up Rig	down				
					¥					
	Sec. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10									
	Amazi									
	3			· · · · · · · · · · · · · · · · · · ·	Thrak	s Done +	crew			
ACCOUNT CODE	QUANITY	or UNITS	D	ESCRIPTION o	of SERVICES or Pi	RODUCT	UNIT PRICE	TOTAL		
5405A	ı		PUMP CHARGE				875.00	875.00		
5406	70		MILEAGE				NC	NC		
	13.			leage Delivery			1.75	1911.32		
5407	13.	7 /	101C WA	leste Del	1054					
. 1 .			60/1- 2	(\			15 61	515450		
1131		5 k s	60/40 PE				15.86			
1/180	1/19		Benroni				. 27	301.86		
71.67	81		Flo Sca				2,97	241.31		
1105	80	0	Cottons	ccci Hull	5		32.	116.00		
							Sub	8399.99		
							1053 10%	839,99		
			1()	$\overline{\circ}$	<u> </u>		346	7560,00		
			Ulm	mo	MUND					
			LAFE	<u> SOSÕ</u>	51					
			- ,		· · · · · · · · · · · · · · · · · · ·					
				10						
							SALES TAX			
Ravin 3737	.						ESTIMATED			
							TOTAL			
ALITHODIZTION	.i			TITI F			DATE			

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.