



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

KANSAS CORPORATION COMMISSION 1204967
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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 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 (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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 Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



267999

TICKET NUMBER 47159
 LOCATION Oxiana KS
 FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-6-14	4448	Harbison # KR-3	NE 16	17	22	MI

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
KANSAS RESOURCES EXPL & DEV. MAILING ADDRESS 9393 W 110th St CITY Overland Park STATE KS ZIP CODE 66210	712	Fred Mader		
	495	Har Bec		
	370	Nas Ric		
	510	Kei Car		

JOB TYPE Plug HOLE SIZE 5 7/8 HOLE DEPTH 670' CASING SIZE & WEIGHT N/A
 CASING DEPTH N/A DRILL PIPE To TD TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 4:30 PM

REMARKS: Hold over safety meeting. Rig run drill pipe to TD. Spot 20 sacks cement @ TD. Rig pull drill pipe to 350' fill to surface w/cement. Pull remaining drill pipe. Top off well w/cement. Wash out drill pipe.

Total 80 SCS 50/50 Por Mix Cement 6% Gel

Utah Drilling: Waylan Johns Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405X	1	PUMP CHARGE Plug to Abandon	495	1085.00 ✓
5406	20 mi	MILEAGE	495	9900 ✓
5407	Minimum	Per Miles	510	36800 ✓
5502C	2 hrs	80 BBL Vac Truck	370	20000 ✓
1124	64 SCS	50/50 Por Mix Cement	93.50	5984 ✓
1118B	403*	Premium Gel	88.66	35841.38 ✓
		Material	1020.46	
		less 328	-306.05	
		Total		71411 ✓
			2835.20	
		7.65%	SALES TAX	5763 ✓
			ESTIMATED TOTAL	250524 ✓

completed

AUTHORIZATION [Signature] TITLE _____ 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.