**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

SSION 1208583

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 #: Image: Comparison of the comparison of th	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

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

Oil, Gas or Wate	r Records	Casing Record (Surface, Conductor & Production)		tion)	
Formation	Content	Casing Size Setting Depth Pulled Out			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	Igging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugar an asthe asy	a. That I have leased along of the faste	atotomonto, and mottors harain contained, and the l	an of the chour departhed u	vall is as filed and

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

ICKET	NUMBER	4	6	8	9	6	
			_	-	~	-	

FUZZY

LOCATION On Klei

-		
PO Box 88	84, Chanute, K	S 66720
	210 or 800-46	

ONSOLIDATED Oil Well Services, LLC

## FOREMAN TREATMENT REPORT

KS 66720	FIELD TICKET	&	1
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620-431-9210	or 800-467-867	6		CEMEN	Т	and the second second		the star part
DATE	CUSTOMER #	WE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
4-30-14	2199	Chent	Cheatum 2-14		14	225	4200	
Chesoleake Energy Mailing address			Thibury		1 2 4 3	1 1200	Hamildon	
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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		In all applies of the Van	SALES TAX	- Andrewski
	ennis Frid	4.20-14 TITLE	ESTIMATED TOTAL	tan dinin Kasarta di

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.