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

1211088

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

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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)	County: Well #: 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 Fe	ees:				
State of	County,		, SS.		
,	Print Name)			or Operator on above-d	
he is a first during a second second the second The still	here a fine excellent of the effected of the test of test		a hanala anne ala an	المنتجا والأسم والمتحد والمتحد والمتحد والمتكر	to a file of a second

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

Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053 913-837-8400

Autho

Ticket Number Location 15-121-23852 Foreman Lance Town

Field Ticket & Treatment Report

Cement

Date Cu	stomer#	Well Name &	Number	Section	Township	Range	County
5/28/2014		Doherty # 1	4	24	17	22	Miami
^{Customer} Kansas Resourc	e Developmen	t Company	Malling A	ddress	kan sangara	Constanting of the	
			City		State	Zip Code	
ob Type Plug	Hole Size	2.5	Hole Dept	_{h_} 625	Casing Size &	Weight	
asing Depth	Drill Pipe		Tubing		Other		
isplacement	Displaceme	nt PSI	Mix PSI		Rate		
Ran 1	' to bottom, pun	nped cement	to top. Pull	ed out 350ft	. pumped ceme	nt to top. P	ulled out
emarksthe rest of 1" an							

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge	1	400
		Cement Truck		124
	ge alle an ge ^{all} e a	Water Truck	1	100
	30	Cement	10	300
and the state		Gel		
		Plug		
	**	Pulling Unit	1	100
		A CARLES AND		777
			Sales Tax	
tion	La T	tle Date	Estimated Total 5/28/2014	900.0

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.