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

1216746

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:	
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 Plug	ging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operation	tor or Operator on a	above-described well,
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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

810 E 7 ¹⁹
PO Box 92
EUREKA, KS 67045
(620) 583-5561



	Cement o	r Acid Field Report
-	Ticket No.	1452
	Foreman	5 FRUS DASA J
	Camp 🥂	

		15-0	<u> </u>				Anta						
Date	Cust. ID #	t Le	ase & Well Number		Section		wnship	Range	Co	unty	State		
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7-10-1-1 1003 Cline # B-19 Customer Safety					Unit #		Driv		Unit #		Drivor		
Meeting Meeting Meeting				Meeting	Company and Summer Stream Anna and Anna		Dav						
Mailing Address							<u> [4]]~1</u>	n B y					
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City State Zip Code							10-71-10-10-778 - 40-948 A.W.			<u></u> [
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Displacem	ent	Displa	acement PSI		Bump Plug to	NUMBER OF STREET							
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I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

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