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,
haing first duly owers on eath agues	That I have knowledge of the faste	atotomanta and matters barain contained and the	log of the chours describe	ad wall 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

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



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

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Date	Cust. ID #	t Le	ase & Well Number		Section		wnship	Range	Co	unty	State		
7-10-	1-1 1003	Cline.	<u>* 13-19</u>		16	i	Pay	18E	Allen		KS		
7-10-1-1 1003 Cline # B-19 Customer Safety					Unit #		Driv		Unit #		Drivor		
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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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