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 1221109

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

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 #:	County: Well #: Uell #: Date Well Completed: (Date) by: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging
Depth to lop: Bottom: I.D	

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

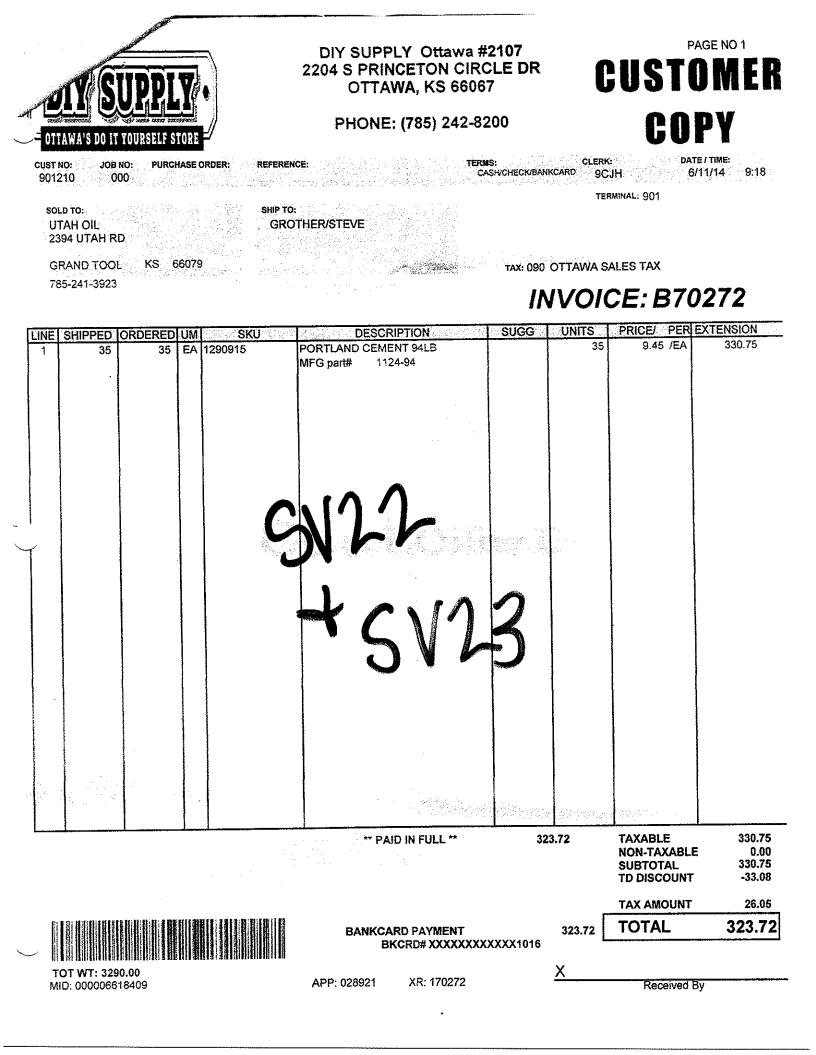
Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)			Casing Record (Surface, Conductor & Prod			tion)
Formation	Content	Casing	Size	Setting Depth	Pulled Out			

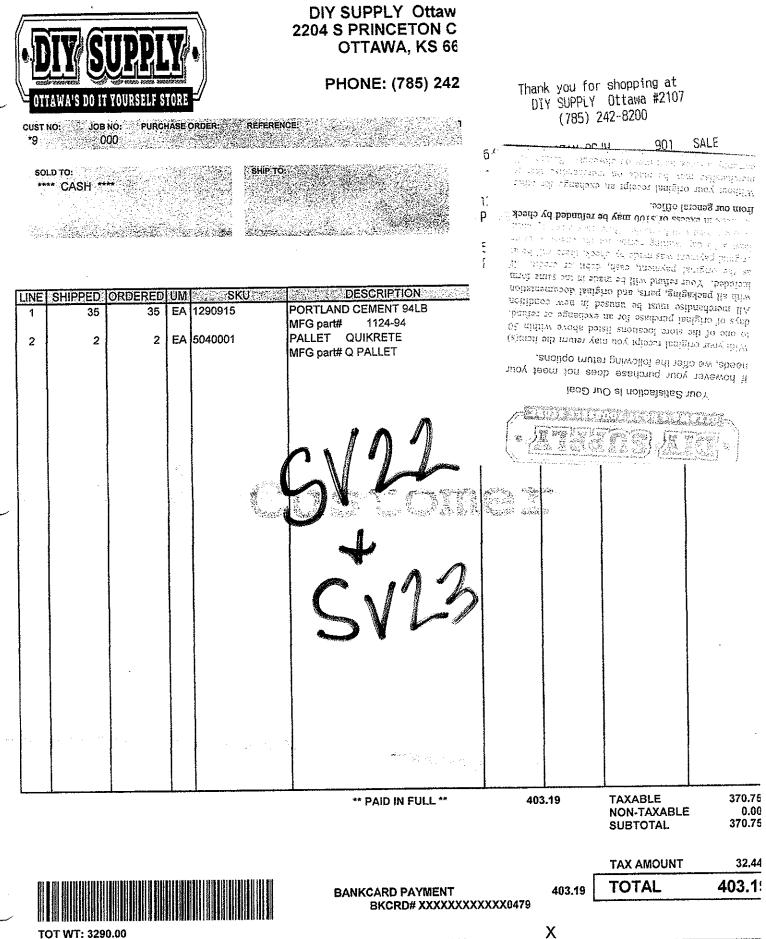
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:			
Address 1:		Address 2:			
City:		State:	Zip:	+	
Phone: ()					
Name of Party Responsible for Plugging	J Fees:				
State of	County,	, SS.			
	(Print Name)		f Operator or Operator on a		
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d 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





TOT WT: 3290.00 MID: 000006618409

APP: 027548

XR: 17027002

Received By



C M I - OTTAWA

113 East 1st

Ottawa, KS 66067 Phone : (785) 242-1572 Fax : (785) 242-0929

nvoice # 506101

aken On : 06/11/2014 at 11:37 AM

Date Printed: 06/11/2014 at 11:37:41 AM

Sol	d To Ca	ish Sale			ShipTo	Cash Sale			
		3 E 1st tawa KS 66	067			113 E 1st Ottawa KS 6	6067		
Accour	nt Rep :	(10) Taxa (1) Butch (1) Butch	ble Sales (8.75%)			3	Account ‡ Ordered By : PO ‡	1	
ty Ord	Qtv Ship	UOM	Item Number	Description			List Price	Unit Price	Extended
	35 1 1	Each EA Box	P QRP 798568	PORTLAND QUICKRETE 8210 MASK,I		2	12.66 15.00 1.15	15.0000	15.00

\$422.64	SubTotal :	50.00	On Account :	\$459.62	Credit Card :	\$0.00	Check :	\$0.00	ash :
\$0.00	Discount :			XX2801	redit Card :	. <u>.</u>			
\$0.00	Deposit :								
\$36.98	Tax (8.75%)							You	Thank
\$0.00	Shipping :								
\$459.62	Total :								
\$459.62	Tendered :								
\$0.00	Change Due :								
\$0.00	Amount Due :								