

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

1222562

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	i	
Name:				Spot Desc	ription:	
Address 1:					Sec T	wp 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 Neare	est Outside Section Corner:
Phone: ()					NE NW	SE SW
	Other: Gas Sto No If not, is well All (If needed attach another Top: Botto	SWD Permit #: rage Permit #: log attached? Yes	No No	Lease Nar Date Well The pluggi	ne: Completed: ng proposal was appi	oved on: (Date) (KCC District Agent's Name)
		m: T.D		Plugging C	Completed:	
	5 гор Воло	1.5.				
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing R	Record (Surfa	ace, Conductor & Produ	rction)
Formation Content		Casing	Size	<u> </u>	Setting Depth	Pulled Out
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (t	op) for each	plug set.	
Plugging Contractor License #	<i>‡</i> :		Name: _			
Address 1:			Address	2:		
City:				State:		Zip:+
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	Countv			_ , SS.		
	3 , -				ployee of Operator or	Operator on above-described well,
	(Print Name)			EM	pioyee of Operator or	Uperator on above-described Well,

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.



TICKET NUMBER	48635			
LOCATION &L	Dorado			
FOREMAN TO	724			

DATE

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	3		CEMEN	Γ			FS
DATE	CUSTOMER#	WELL	NAME & NUMB	BER	SECTION	TOWNSHIP	RANGE	COUNTY
9.9.14	1640 171	Kirkban	rick	4.0	32	25	5	ButleR
CUSTOMER	1 1 10 10	HILLY TELL	CITATION			had iventified atte		AGO STRANGE
UESS	0:1		-	S.	TRUCK #	DRIVER	TRUCK#	DRIVER
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CITY		STATE	ZIP CODE					
(× × ×				Constitution of the constitution of		
JOB TYPE NUP HOLE SIZE HOLE DEPTH CASING SIZE & WEIGHT 4"2						1 19950		
CASING DEPTH		DRILL PIPETUBINGOTHER						
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING			CASING	t to di				
DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE								
REMARKS: Safedy meeting on Simmons will service, Id hole reliculate								
M: 135545 Class A' 30300 w/polyRato: @ 630								
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315'	Dert @	270'. r	Niy 40	sks ce	mont be	140 40%	rel 2 5.	oee
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	ON COLUMN TWO IN	total target like			F	1227 A	cieu	
				Station In				

CODE I		DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
1405 A	1. 100 100 1	PUMP CHARGE	13000	73000
fus a max	NA	MILEAGE	THE SERVICE	NA
5,407	3.440N	Town: lease Delivery (min)	graph (a)	3.680
CT WIT THERE IN			in the f	n n 7 5: n
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11045	355K5	CLASS A		5493
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in 3737	V 6 *		SALES TAX ESTIMATED	-

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.

TITLE_