

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1224246

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 #:			AP	I No. 15	j				
Name:				ot Desci	ription:				
Address 1:			_	_ -	Sec Tw	vp 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:			Foo	otages (Calculated from Neares	st Outside Section Corner:			
Phone: ()					NE NW	SE SW			
Type of Well: (Check one) C Water Supply Well C ENHR Permit #:	Other:	OG D&A Cathodi SWD Permit #:	Lea	ase Nam	me:	Well #:			
Is ACO-1 filed? Yes	_	I log attached? Yes	1 1		•	oved on: (Date)			
Producing Formation(s): List A	_		_			(KCC District Agent's Name)			
• ,	,	m: T.D							
		m: T.D	Plu	00 0					
		m:T.D	Plu	gging C	Completed:				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Recor	sing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us						Is used in introducing it into the hole. If			
Plugging Contractor License #: N				ə:					
Address 1:			Address 2:						
City:			Sta	te:		Zip:+			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _		, s	S.					
	(Print Name)			_ Emp	ployee of Operator or	Operator on above-described well,			

Submitted Electronically

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

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



Cement or Acid Field Report
Ticket No. 1643
Foreman 57.00 AAca
Camp €ureka

15-207-1	9032											
Date	Cust. ID#	Leas	e & Well Number		Section	To	wnship	Range		County		State
9-12-14	1003	Louk "	*2 A		23	26	, 5	146	h	Jood son		Ks
Customer				Safety	Unit #		Driv	/er		Unit #		Driver
Ca17	Frence	y Inc		Meeting	104		Alan	M			- 14	
Mailing Address	0	, y		1	1/3		90L	7				
0 -	× 38	8										* .
City		State	Zip Code]								
Icla		KS	667419									
Job Type	A OI	Jwel Hole Dep	oth		Slurry Vol				Tubing	g		
Casing Depth_			:e		Slurry Wt				Orill Pi	ipe		
			eft in Casing		Water Gal/SK				Other.			1
Displacement_	5.65		ement PSI		Bump Plug to				BPM .			
Remarks: 50	30 h G	citing. Rig	up To 23/8	Plu	ng. 13100	1K (As	Foll	alian	رنما	Fresh	<u>.</u>	Jaler
		2 / ela	AT 1300	1								
			AT SOU	1						131 0 140 00 000	5)	
			AT 300'7	é Suis								
й.		The state of the s	ToTal 60%								1.7	
	160 . US		P. Ty.		1 12					13		
12	3	Jobe	cmpleT+ B.	ic dou	ın							<u> </u>
8 ×						iho	ank 1	ace	,			

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C105	1	Pump Charge	750.00	750.00
(0107	25	Mileage	3.95	98.75
1 10 1				
C203	65 sks	60/40 POZMIX CEMENT	12.73	828.75
C206	220th	4/0.6el	.26	414.00
C266	350-H	Gel Flush	.26	70.00
C108 A	2.80 Ton	Tonnileuge bulk Truck.	mil	343.00
,	×		**	
V _e v				8 8 8
18	,e*	(590 < 114.41)		# 1 2 2
		4311419		And the second
	·			
		, %, X	Sub Total	2136.50
		7.15%	Sales Tax	132.76
Authoriz	ation /	R. Stallich Title	Total	2289.26

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.