

**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

#### 1226741

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	5				
Name:				Spot Desc	ription:				
Address 1:					Sec 7	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 Near	est Outside Se	ection Corner:		
Phone: ( )					NE NW	SE	SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:					
Water Supply Well	Other:	SWD Permit #:		-			Well #:		
ENHR Permit #: Gas Storage Permit #:					vveii #				
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No				(Date)		
Producing Formation(s): List A	All (If needed attach another	sheet)					(KCC <b>District</b> Agent's Name)		
Depth to	o Top: Botto	m: T.D		•					
Depth to	o Top: Botto	m: T.D		Plugging Commenced:  Plugging Completed:					
Depth to	o Top: Botto	m:T.D		Plugging C	completea:				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Water	r Records		Casing I	Record (Surfa	ace, Conductor & Prod	uction)			
Formation	Content	Casing	Size		Setting Depth Pull		lled Out		
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (	top) for each	n plug set.				
Plugging Contractor License #:			Name: _	me:					
Address 1:			Address	2:					
City:				State:		Zip:	+		
Phone: ( )				-					
Name of Party Responsible for	or Plugging Fees:								
State of	County, _			, ss.					
	,				ployee of Operator or	05	or on above-described well,		
	(Print Name)			_ <u></u> Em	pioyee of Operator of	Operato	n 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



TICKET NUMBER	47702
LOCATION Oakle	u. Ko.
FOREMAN Onus	0

DATE\_

FIFI D TICKET & TREATMENT REPORT

OB TYPE	STATE  STATE  STATE  AP  HOLE  DRILL  SLURF	SIZE	NTOROLO- HE MAN Einto HOLE DEPTH_ TUBING 23/	1	DRIVER Cory Robert Cody Colin CASING SIZE &	TRUCK#	Hamelto			
ITY  OB TYPE OF ASING DEPTH LURRY WEIGHT	STATE  STATE  STATE  AP  HOLE  DRILL  SLURF	ZIP CODE  SIZE  PIPE  RY VOL	NTOROLO- HE MAN Einto HOLE DEPTH_ TUBING 23/	731 693 528	Cory Robert Cody Colin	TRUCK#				
OB TYPEOASING DEPTH_ LURRY WEIGHT	STATE  HOLE  DRILL  SLURF	SIZE	NTORd (D- HE HAN Einto HOLE DEPTH_ TUBING 23/	731 693 528	Cory Robert Cody Colin		DRIVER			
DB TYPE	STATE  HOLE  DRILL  SLURF	SIZE	HOLE DEPTH_ TUBING 23	493 528	Cody	47	ST. gamaga			
DB TYPE	HP HOLE DRILL SLURF	SIZE	HOLE DEPTH_ TUBING 23	528	Cody	WEIGHT 47	e di come con			
DB TYPE	HP HOLE DRILL SLURF	SIZE	TUBING 23		Colin	WEIGHT 47	et comos			
ASING DEPTH_ URRY WEIGHT	DRILL SLURE	PIPE	TUBING 23	1		WEIGHT 47				
SING DEPTH_ URRY WEIGHT	DRILL SLURE	PIPE	TUBING 23	1	CASING SIZE &	WEIGHT 47				
URRY WEIGHT	138 SLURE	RY VOL		3		& WEIGHT 4/2				
		61 711 - 2	WATER gal/sk	TUBING 2 3/8		OTHER				
		Rig up on Ex	WATER gal/sk		CEMENT LEFT in CASING					
MARKS: Sa- SO# Halls Lix 80 SI R: Doug	Stymeeting Displace to	Rigupon Ex	PSI MIX PSI RATE_		RATE					
1/x 80 51 R: Doug	Displace to	12 1 - =	ack mix	110 KE	60/42 49/6 G	el 1/4 Flosi	al with			
1x 80 51 R: 9 Dow	Ks Displace	1100 +500" /	91/2 bbl we	ater Los	Hole Re	intubina	Ta 1111			
R: Dous		2 bbl water	PullTubi	na 100	FF Cosing	+ Backsii	de.			
137-0	in			7	10 5-4-	30 si	ke.			
	Challeng to co-		PATR IN		70 01/3	20 0				
man allerantus	a home services a consuma		-1001							
	Posts on section				Z 101103121 111111					
CODE	QUANITY or UNI	rs D	DESCRIPTION of SERVICES or PRODUCT				TOTAL			
5405 A	1	PUMP CHAR	PUMP CHARGE MILEAGE			875,∞				
5406	75					5.25	393,75			
5407 A	9,89	Jon M	1:leage D	elivery	Title of the political	\$ 1.75	1298.0			
//3/	230 sks	60/40 1	oz mix		The state of the second	\$15.86	\$3647.8			
1118B	791 \$	Benton				27	8 213 5			
1107	58 0	Flosea		Thexau	o li in imenta	\$ 2.97	× 172 26			
105	150#		Seed Hul	15		27	87.00			
		20110112	1/4/1		District Argue	(L)_297CD+				
			VII.		COLUMN DE LA					
					and heathware					
					Haraman Length L	otherus III., Pa	No bearing			
			0.			5ubTotal	6687			
					John State Lill	Less 10%	\$ 668,7			
				annyalgara	nginas salminas	Sub Total	16018 ?			
			1571	Titarani isa disa	THE STATE OF		A LINCO DE			
				And recom	III televila strani	SALES TAX	reach design			

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\_

# LOG-TECH OF KANSAS, INC.

P.O. BOX 885

GREAT BEND, KANSAS 67530

(620) 792-2167

8197

			Date	7-65	14
CHARGE TO: Chaggeake Operating, In	-				
ADDRESS					
R/A SOURCE NO CUSTOME LEASE AND WELL NO TOUNT SPOT LOCATION COUNT ZERO CASING SIZE TOUR  COUNT SEC CASING SIZE CASING SIZE	R ORD	ER NO	AFE	8031	11
LEASE AND WELL NO. Frage Hand #11-14	FIFL	)		1	1
NEAREST TOWN COUNT	Y H	amil	ton	STA	ATE K<
SPOT LOCATION C - 5 \omega/4 SEC.	14	TWP	225	RANG	F UNW
ZERO G 4. CASING SIZE 15"			V	VEIGHT	
CUSTOMER'S T.D. LOG TECH			FLUID	LEVEL	
CUSTOMER'S T.D. LOG TECH ENGINEER OPERA	TOR	Heat	h Bull	hler	
PERFORATING		No Object	Der	oth	
Description		No. Shots	From Dep	То	Amount
A STATE OF THE PARTY OF THE PAR					
	HI E				
DEPTH AND OPERATIONS	CHAR				
Description	Fron		o Tota	Price t. Per Ft.	Amount
	0	110	_		930 00
	1100	(	) M2	N,29	580 00
		La AP			
Lateralist Daniel (Art La Mariting) - Lateral Committee					
		110			
				1 1 1 1 1 1 1	
MISCELLANEOUS	S		Karrie		
Description				Quantity	Amount
Service Charge					55000
Committee of the commit					
		ne a syd		July ne Le	
		40.00	9 19 19 19	4 7	
PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT				D	212/10/20
RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS				Sub Total	206000
AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH	Ref		То	ool Insurance	
WE HEREBY AGREE.				Тах	
1 3 0 1 1 1 m				*******	
Customer Signature Date					1957 00