

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

1227801

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 #: | | | AI | PI No. 1 | 15 | | | | | | |
|---|-------------------------------|---------------------|---|---------------------------------------|--|---|--|--|--|--|--|
| Name: | | | Spot Description: | | | | | | | | |
| Address 1: | | | _ | | Sec Tw | vp S. R East West | | | | | |
| Address 2: | | | | | Feet from | North / South Line of Section | | | | | |
| City: | | | | 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 Cathod | ic C | ountv: _ | | | | | | | |
| Water Supply Well C | Other: | SWD Permit #: | | | | | | | | | |
| ENHR Permit #: | Gas Sto | orage Permit #: | | | | | | | | | |
| Is ACO-1 filed? Yes | No If not, is wel | I log attached? Yes | | | • | oved on: (Date) | | | | | |
| Producing Formation(s): List A | All (If needed attach another | r sheet) | by | /: | | (KCC District Agent's Name, | | | | | |
| Depth to | Top: Botto | om: T.D | _{PI} | uaaina | Commenced: | | | | | | |
| Depth to | Top: Botto | om: T.D | | | | | | | | | |
| Depth to | Top: Botto | om:T.D | | 333 | | | | | | | |
| | | | | | | | | | | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | | | | | | |
| Oil, Gas or Water | r Records | | Casing Record (Surface, Conductor & Production) | | | | | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | | | | |
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| Describe in detail the manner cement or other plugs were us | | | | | | ds used in introducing it into the hole. If | | | | | |
| Plugging Contractor License #: | | | | | | | | | | | |
| Address 1: | | | Address 2: _ | | | | | | | | |
| City: | | | St | ate: | | Zip:+ | | | | | |
| Phone: () | | | | | | | | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | | | | | | |
| State of | County, _ | | , | SS. | | | | | | | |
| | (8.1.11 | | | En | mployee 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



LOCATION Soley 6.

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

FIELD TICKET & TREATMENT REPORT

| 20-431-9210 | 01 800-467-667 | 0 | | CEIVIEN | | | | Po. | | |
|-------------------|--|--|--|--|--|--|--|--------------------------------------|--|--|
| DATE | CUSTOMER# | The second second | NAME & NUN | IBER | SECTION | TOWNSHIP | RANGE | COUNTY | | |
| 9/9/14 USTOMER | 2199 | Fairleigh | 1-8 | | ४ | 21 | 32 | Finney | | |
| | The state of the s | J | | Scottcity | | | | | | |
| Ches | sapeake | 100-100 No. 75 | | Sta | TRUCK# | DRIVER | TRUCK# | DRIVER | | |
| AILING ADDRI | 233 | | | Sond regger | 731 | Cory | | | | |
| UTS / | 202 00 00 00 0 | IOTATE | ZID CODE | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 2017 | Robert | | L. Guncraii | | |
| ITY STATE | | STATE | ZIP CODE | | 693 | Lance | Li Transili. | el Cardille | | |
| | | | | | | Colin | -111 | null man sverik | | |
| | B TYPE $A\omega P$ HOLE SIZE | | | | | CASING SIZE & | WEIGHT 4/2 | 24.4 | | |
| | | | TUBING 1/2 1300 | | | | OTHER BP 2645 | | | |
| LURRY WEIGH | URRY WEIGHT 13 SLURRY VOL | | WATER gal/sk CEMENT LEF | | | CEMENT LEFT I | n CASING | | | |
| ISPLACEMEN | T | DISPLACEMENT | pon Exact #/ mix 120 5ks 60/40 47 water unbook Pull Tubing mix 20 Down | | | RATE | 11.7 | | | |
| EMARKS: 5 | afty mee | ting Rigu | pon Ex | act#1 1 | nix 120 5k | 3 40 4% | ne/14 Flose | ed Down | | |
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| ACCOUNT | THE STATE | die od | | J | | aven + C | | DO TO HISTOR | | |
| CODE | QUANIT | Y or UNITS | DESCRIPTION of SERVICES or PRODUCT | | | | UNIT PRICE | TOTAL | | |
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| /13/ | 165 | 5Ks | 60/40 FB | mix | M December 1 | | \$15.86 | 2616,90 | | |
| 1118 B | 568 | # Bentonite | | | 20 10 22 0 | | 7 .27 | \$ 153,3E | | |
| 1107 | 45 | # | Flosea | 1 | | to var to to the more | 2.97 | \$121.77 | | |
| /10 | | | 1 | | 15, 470 1.1. | 10 202 - 119-112 | * | print miter | | |
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| | | | | | | nonemper-land | Sub Total | 4287,5 | | |
| | | | | | | nighird edigino | Less 10% | \$ 428.7 | | |
| | | | | | 1000 10 40 | W SELLIN LINE AND | Sub Total | 13858.7 | | |
| | | 10 | | | | GT Water Trans | SALES TAX | | | |
| avin 3737 | 1 | nd M | | | | THE RESIDENCE | ESTIMATED | Lusaniamur | | |
| | (1) | UJ | \ | D |) | foreman | TOTAL | - malija - ma | | |
| UTHORIZTIO | N/lenn | D 1 mg | 7 | TITLE PO | CIUCLION | Toreman | DATE | | | |

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

LOG-TECH OF KANSAS, INC.

P.O. BOX 885

8159

GREAT BEND, KANSAS 67530 (620) 792-2167

| | | | Date _9 | -9-1 | 4 | |
|---|----------|--------------|------------------|------------------|---------|-----|
| CHARGE TO: Chesapeake Operating, I. | | | | | ' | |
| ADDRESS | - L | | | | | |
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| ZERO CASING SIZE CUSTOMER'S T.D LOG TECH ENGINEER OPER. | ATOR | Horthi | Sweb ly | / | 10-1 | |
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| PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT | | | | | 21 - 12 | |
| RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS | | | | ub Total | 3600 | 00 |
| AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH | Ref | | Tool I | nsurance | | 7 |
| WE HEREBY AGREE. | | | | Tax | | |
| 1 2 W M C M D. | 1 | | | | | |
| Common - 1-9-14 Pro | CLUCT | ion tor | eman | | | |
| Customer Signature Date | N L page | THE STATE OF | | 1 | 3420 | 00 |