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** 

1237715

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

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	
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 #:       SWD Permit #:       SWD Permit #:         ENHR Permit #:       Gas Storage Permit #:       Gas Storage Permit #:       No         Is ACO-1 filed?       Yes       No       If not, is well log attached?       Yes       No         Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			tion)		
Formation	Content	Casing	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 Plu	Igging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
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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

OIL Well Services LLC LOCATION C2.KLey, K FOREMAN	Co	NSOLIDAT	ED				TICKET NUME	A 1	884
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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

GREAT BEND, KANSAS 67530

(620) 792-2167

Date 12-18-14

CHARGE TO:	Derating, ClC.
ADDRESS	
R/A SOURCE NO	CUSTOMER ORDER NO. ATE 803314
LEASE AND WELL NO TO TO TO	# 1.72 FIELD
NEAREST TOWN	COUNTY Hamilton STATE KS
SPOT LOCATION NW-NW-NW	SEC. 32 TWP. 245 BANGE UNIV
ZERO	CASING SIZE WEIGHT
CUSTOMER'S T.D.	LOG TECH FLUID LEVEL
	OPERATOR Heath Brehler

PERFORATIN	G				
Description	No. Shots	From	pth To	Amount	
					100
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DEPTH AND OPERATIONS					
Description	From Dep	th To	Total No. Ft.	Price Per Ft.	Amount
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	Sector 1997				

MISCELLANEOUS				
Description	Quantity	Amount		
Service Charge	5	50	00	
PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT			_	

	Sub Total	2060	00
RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.	Code Ref. Tool Insurance		
Dannes Triel 12-18-14			
Customer Signature Date		1957 1	00

INVOICE

8343