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** 

1239452

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:	Sec Twp 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 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 #:  SWD Permit #:  SWD Permit #:    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet)  Depth to Top:  Bottom:  T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Commenced:
Depth to Top: Bottom:T.D	Plugging Completed:

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

Oil, Gas or Water	Records	Casing		Record (Surface, Conductor & Production)		
Formation	Content	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 Plug	gging Fees:					
State of	County,	, SS.				
	(Print Name)		or or Operator on abo			
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an filed and		

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

CONSOLIDA	TED			TICKET NUMB	ER 4	7880
Oil Well Services	LLC			LOCATION	Ockley	Kr
				FOREMAN	Series	Y
PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676		TREATME	INT REP	ORT	1	VE
DATE CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
12-11-14 2199	Tharow 2-11		11	23	211	Have diton
CUSTOMER Chesa D	eake Tri	bars -	FRUCK #	DRIVER	TDUOK	General Action
MAILING ADDRESS	50	6 15 -	71	1	TRUCK #	DRIVER
	11	40 5	8 7127	Jeremak		
CITY	TATE ZIP CODE	linto DC	0 (10)	Later R		Champooru.
make approximation of the second s	a to sectification proposed a					A REAL PROPERTY.
JOB TYPE AWP H	OLE SIZE HO	LE DEPTH	1.	CASING SIZE & W		12
CASING DEPTHD		BING	n n aite			2556-7
SLURRY WEIGHT 13.8 S	LURRY VOL 1.42 WA	TER gal/sk		CEMENT LEFT in (		2006-0
DISPLACEMENTD				RATE		Cold Cold Cold Cold Cold Cold Cold Cold
REMARKS: Safty Mecting	( & rigapon well	head alua	ras or	dead 115	11 220	5K5 60/4
pozmix 496 gold	4th for	- prof		leren Weg	n dd	JEJ BY T
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2DSK With a		Soly pre.	55 00 3	00a	Service Contract	No. C. M. N.
to all in gana	las apress to 200	) and i				and Sections
TOP COT WITH	SKS		- Ind	in the second second	2010/08/202	internation and
		94.00	104 11 26	an albridation	streaming sold	igoli Vilante

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
SUDSA	1	PUMP CHARGE	8750	87500
5406	75	MILEAGE	522	393-2
54074	9.5	ton mileage delivery	125	124688
1131	2205K3	60/40pzmix	1586	348920
11186	7.57#	del		20439
1107	55 \$4	flase/	29/	11. 2 35
1105	250×	cothen seed halls	22	14500
			3466041	651750
			less/00000	65/15
		and the second sec	Septoto/	5865.75
				e Banares
	AFE 80311	7		
avin 3737			SALES TAX	nor normali
	0000	Bingita (seed) and Stello Chromatics and second (second	ESTIMATED TOTAL	punnes formund
AUTHORIZTION	Cennis Tru		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.