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** 

1241665

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 #: Name:   | Spot Description:  |
|--|--|
|  |  |
| Address 1:   | Sec Twp S. R East West   |
|  | 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  |
| Water Supply Well       Other:       SWD Permit #:         ENHR Permit #:       Gas Storage 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)       T.D. | County: Well #:<br>Lease Name: Well #:<br>Date Well Completed:<br>The plugging proposal was approved on: (Date)<br>by: (KCC District Agent's Name)<br>Plugging Commenced:<br>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:                  | + |
| ddress 1:                         |              |   |                       |   |
| Name of Party Responsible for Plu | ugging Fees: |   |                       |   |
| State of                          | County,      | , SS.   |                       |   |
|                                   | (Print Name) |   | tor or Operator on ab |   |
|                                   |              | statements, and matters harain contained, and the |                       |   |

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

|   | ONSOLID                                       | ATED  |   |   |                         | TICKET NUM      | BER 47   | 900  |
|---|---|---|---|---|-------------------------|-----------------|--|--|
| A   |   |   |   |   |                         | LOCATION        | Ockley   | KS   |
| Oil Well Services, LLC  |   |   |   |   |                         | FOREMAN         | Sem  | 8  |
| 0 Box 884 Ct  | hanute, KS 667                                | 20 FI   | ELD TICKE                                       | T & TREAT                                     | MENT REP                | ORT             | /  |  |
|   | or 800-467-8676                               |   |   | CEMENT  |                         |                 |  | Kr   |
| DATE  | CUSTOMER #                                    |   | LL NAME & NUN                                   |   | SECTION                 | TOWNSHIP        | RANGE  | COUNTY   |
| 2-4-15  |   |   | 21  | 24  | 225                     | 340             | FLAA   |  |
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| ACCOUNT   | QUANITY                                       | or UNITS  |   | DESCRIPTION of S                              | SERVICES or PR          | ODUCT           | Than K you<br>Jerry + C  | TOTAL  |
| CODE  | QUANITY                                       | f or UNITS                                      |   |   | SERVICES or PR          | ODUCT           | UNIT PRICE   |  |
| CODE<br>5405A   | 1   |   | PUMP CHAR                                       |   | SERVICES or PR          | ODUCT           | 82500  | 8755   |
| CODE<br>5405A<br>5406   | 17.   |   | PUMP CHAR<br>MILEAGE                            | RGE   |                         |                 | 87.500   | 8755   |
| CODE<br>5405A<br>5406   | 17.   | or UNITS  | PUMP CHAR<br>MILEAGE                            | RGE   |                         |                 | 82500  | 8755   |
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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

INVOICE 8386

Date 2.11. 2015

GREAT BEND, KANSAS 67530

(620) 792-2167

CHARGE TO: Chesapeake Operating LLC

PF

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| DDRESS   |  |                      |         |             |  |                       |       |        |
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| ECEIVED THE ABOVE SERVICE<br>ND CONDITIONS SPECIFIED ON  |  |                      | ef.     |             | To   | ol Insurance          |       |        |
| E HEREBY AGREE.  |  |                      |         |             |  |                       |       |        |
| 1.00.0   |  |                      |         |             |  |                       |       |        |
| dup Common   | 2-4-201                                      | $\overline{\langle}$ |         |             |  |                       |       |        |
| omer Signature   | Date   |                      |         |             |  | 7                     | 1097  | 00     |
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