



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1242158
OIL & GAS CONSERVATION DIVISION

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: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 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)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 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)			
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 Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



271982

TICKET NUMBER 50520
 LOCATION Off Hwy
 FOREMAN Alan Maden

247
 246

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

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-17-14	4448	Leoner KR-3D	SE 31	16	22	MI

CUSTOMER
Kansas Resources #7D
 MAILING ADDRESS
9393 W 110th
 CITY
Overland Park STATE KS ZIP CODE 66210

FMM
 31

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alan Maden	Safety	Meat
368	A.J. McD	ptup	675
370	Mik Fox	ORV	1389
503	Troster	ORV	1400

JOB TYPE plug HOLE SIZE 5 1/8 HOLE DEPTH 701 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1" 700' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 bpm

REMARKS: Held meeting. Mixed & pumped 50 sk 50/150 cement plus 6% gel down 1" at hole TD. Pulled 1" to 350'. Mixed & pumped 35 sk cement, circulated cement to surface. Pulled 1" put & topped off hole, leaving well full of cement, bottom to top.

85 sk total

Utah

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	368	1085.00 ✓
5406	20	MILEAGE	368	84.00 ✓
5407	1/2 min	124 miles	523	184.00 ✓
5502C	2	80 vac	370	200.00 ✓
1124	85	50/150 cement	977.50	83187.50 ✓
1118B	428#	gel	94.16	40300.48 ✓
		material sub	1071.66	
		less 30%	-321.50	
		material total		750.16
				2706.64
				SALES TAX 57.39 ✓
				ESTIMATED TOTAL 2360.55 ✓

completed

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ 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.