

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

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 #:				API No. 1	5		
				Spot Des	cription:		
Address 1:					Sec	Twp S. R	East West
Address 2:					Feet from	North / Sout	h Line of Section
City:	State:	Zip:+			Feet from	East / Wes	t Line of Section
Contact Person:				Footages	Calculated from Near	rest Outside Section Co	rner:
Phone: ()					NE NW	SE SW	
Type of Well: (Check one)		= -		County: _			
Water Supply Well		SWD Permit #:		Lease Na	ame:	Well #:_	
ENHR Permit #:	_	orage Permit #:		Date Wel	I Completed:		
Is ACO-1 filed? Yes	—	ell log attached? Yes	No	The plug	ging proposal was app	proved on:	(Date)
Producing Formation(s): List /				by:		(KCC Dis i	rict Agent's Name)
Depth to	•	om: T.D		Plugging	Commenced:		
•	•	om: T.D		Plugging	Completed:		
Depth to	o Top: Bott	om:T.D					
			I				
Show depth and thickness of	all water, oil and gas form	nations.					
Oil, Gas or Wate	r Records		Casing F	Record (Sur	face, Conductor & Prod	uction)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		ged, indicating where the muc if same depth placed from (bo		•		ods used in introducing	it into the hole. If
Plugging Contractor License	#:		Name: _				
Address 1:			Address	2:			
City:				State:		Zip:	+
Phone: ()				_			
Name of Party Responsible for	or Plugging Fees:						
State of	County,			, ss.			
				Fn	nplovee of Operator o	Operator on above	e-described well
	(Print Name)					operator on above	- accombod won,

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



1nv016c#801917

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

FIELD TICKET & TREATMENT REPORT

DATE	or 800-467-8676			CEMEN		T TOWNSIAN T	DANCE	COUNTY
	CUSTOMER#		NAME & NUMB		SECTION	TOWNSHIP	RANGE	
114/14	44148	Harra	# KR-2	0	NW 13	17	22	MI
JSTUMER	Danier	Exp +1	١.٥١)		TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRE	ESS				771	asken -	"Salety	lacting
9393	W 110H	i 5+ Su	ite 500		QQ0, 495	Har Bec	~	
TY	<u> </u>	STATE	ZIP CODE		548 -	Damelo	V	
Duerland	Park	KS	(46210		675	Kei Det	~	
B TYPE bl	ug		5 1/8"	HOLE DEPTI	740'	CASING SIZE & W	/EIGHT	
ASING DEPTH		DRILL PIPE		TUBING			OTHER	A CONTRACTOR OF THE CONTRACTOR
LURRY WEIGH		SLURRY VOL_		WATER gal/s	sk	CEMENT LEFT in		
ISPLACEMEN'	т	DISPLACEMEN	T PSI	MIX PSI		RATE 2 bon		1 50
EMARKS: L	eld saldy	maeting	establish	of incu	lation thro	1" tub	ing of h	de TD,
rixed y		d 43/5	ks 5%00	Pozeu	ix ceme	ut w/ 6	G gox per	SK,
		ng from	well	nixed	+ pyupes	943 sks	comen	t, cerner
to surf	ace, pulle	of tobing	Hour is	sell, to	pand wel	A SES	to sies ce	ment,
school c	op tobing	+ egoiq	ment.		<u>v-</u>			
	<u>' </u>					\sim	\sim	
						-1/-1		
						17		
ACCOUNT		D/ UNITO	T 0	ESCRIPTION A	of SERVICES or P	RODUCT	UNIT PRICE	TOTAL
CODE	QUANIT	Y or UNITS	Di	ESCRIPTION	- SERVICES OF F	NODGO!		1085,00
5405W	+ 1		PUMP CHARG	3E				105.00
5406	1 25 h	ui	MILEAGE	1			 	703.
5402	7 74	<u>o'</u>		tootage			 	368.00.
5407	1 mini	mull.	-ken u	Heage			 	
CCANA	1 21	<u> </u>	80	Var			1	
5502C		-						200.°€
22040								300.
							1101/100	335.
	96				cement		1104.00.	366.
1124	96			oznik l	l		106.48	366.
					l	ferials	1210.48	300 .
1124					l		106.48	
1124					l	ferials	1210.48	300 .
1124					l	ferials	1210.48	
1124					l	ferials	1210.48	
1124					l	ferials	1210.48	
1124					l	ferials	106.48 1210.48 363.14	847.34
1124					l	ferials	1210.48	847.34
1124					l	terials 30% Subtotal	106.48 1210.48 363.14	847.34
1124					l	ferials	106.48 1210.48 363.14	847.34

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.