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

1242462

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

Address 1:	cription:
Address 2:	Feet from North / South Line of Section Feet from East / West Line of Section Calculated from Nearest Outside Section Corner:
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Calculated from Nearest Outside Section Corner:
Phone: ()	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: Lease Na ENHR Permit #: Gas Storage Permit #: Date Well	NE NW SE SW
Water Supply Well Other: SWD Permit #: Lease Na ENHR Permit #: Gas Storage Permit #: Date Well	
Producing Formation(s): List All (If needed attach another sheet) by:	me: Well #: Completed: ing proposal was approved on: (Date) (KCC District Agent's Name) Commenced:

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 Plugg	ing Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operator	or Operator on a	bove-described well,
boing first duly sworp on oath save: T	That I have knowledge of the facts	statements and matters herein contained and the log	a of the above-describe	d well is as 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

DATED ONSOL M. LLC OIIV

272172

TICKET NUMBER	48280
LOCATION CHAND	lcs
FOREMAN Care	Kennedy

PO Box 884, 0	har	nute,	KS	66720	
620-431-9210	or	800-4	167-	8676	

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
ISING 114	4448	Joekol	# KR	-7	SW 13	17	22	M
CUSTOMER								
KANA SE	s Resource	the +	Deu		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS			1	729	Cohen	1 Sately	Mating
2393 W	1-110th				Idele	KoiCar	~	-
ICITY		STATE	ZIP CODE		503	Trottor	V	
overlan	d Park	KS	46210		370	MiEFox	~	
JOB TYPE D	ica	HOLE SIZE	SF/8"	_ HOLE DEPTI	H 490'	CASING SIZE &	NEIGHT	
CASING DEPTH	, /	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL		WATER gal/s	sk	CEMENT LEFT I		/
						RATE 4.5		
DISPLACEMEN	· · · ·	DISPLACEMEN		MIX PSI	.1	- Contraction of the second		LILTA
REMARKS: A.P.	ld sately r	reting,		circul	ation thro	uch altill	steel at	hole 10,
mixed t	pumped	25 000	59,50 7	Balu'r a	cement.	5/6% 0	elper s	c, oulled
drill of	of to	250 ' N			25 skr.	ement.	etheat to	o surface
	drill stee	1 trous				J 15 sts	rement	washed
20 0108	+ equi	ment.		0.				
-p pp	gui					Λ)	
					A	f)	
						-	7	
	10 mm					·)/ _ /	/	
					1	/ /		

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
SYOSN	1	PUMP CHARGE		1085.00
5406	25 mi	MILEAGE		105.00
	490'	hele textage		
5402	minimum	for nileage		368.00
22020	2 hrs	80 Vac		200.00
				/
1124	les sts	5950 Poznin coment	747,50	1
11183	328#	Premium Gel	72.16	
		materials	819.66	1
		-30%	245.90	
		Subtotal		573.76
			2640.36	
		7.65%	SALES TAX	43.89
Ravin 3737	11 4 9	٨.	ESTIMATED TOTAL	2375.65
AUTHORIZTION	No lo Rey on los	ation TITLE	DATE	

AUTHORIZTION NO (o Kep on location

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.