

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

1242685

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 #:			APIN	lo. 15					
Name:				Spot Description:					
Address 1:				Sec 1					
Address 2:				Feet from					
City:	State:	Zip: +		Feet from	East / West Line of Section				
Contact Person:			Foota	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()				NE NW	SE SW				
Type of Well: (Check one) C Water Supply Well C ENHR Permit #: s ACO-1 filed? Yes	Other: Gas Sto	OG D&A Cathodi SWD Permit #: rage Permit #: log attached? Yes	Coun Lease	County: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)					
Producing Formation(s): List A			_		(KCC District Agent's Name)				
		m: T.D							
Depth to	Top: Botto	m: T.D							
Depth to	Top: Botto	m:T.D		ling Completed					
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Record	asing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
					+				
Describe in detail the manner cement or other plugs were us			•		ods used in introducing it into the hole. If				
Plugging Contractor License #	r License #: Name: Address 2:								
Address 1:			Address 2:						
City:			State:						
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _		, SS.						
	(2)			Employee of Operator or	Operator on above-described well,				

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.

(Print Name)

PO Box 884, Chanute, KS 66720

1034

TICKET NUMBER

LOCATION Ogliley

	OF 800-407-867		*	CEMIEN					Kr.	
DATE	CUSTOMER#	, WEI	LL NAME & NUMI	BER	SECTIO	N	TOWNSHIP	RANGE	COUNTY	
2/22/14	2945	Rand 5 1	Lohrs 1-9		9		291	31 4	scott	
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] [693		Larry H.			
TY		STATE	ZIP CODE] [
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B TYPE O.H	Ģ	HOLE SIZE		HOLE DEPTH	•		CASING SIZE & 1	NEIGHT		
				TUBING 3 3/8			OTHER			
		SLURRY VOL 1.42		WATER gal/sk (.2 CEMENT LEFT			CEMENT LEET I	r in CASING A (+		
			NT PSI	MIX PSI RATE				ONOING G. N		
					A			x. 60 (10 4	4 1	
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ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES o		· · ·	UNIT PRICE	TOTAL	
CODE								1		
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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.