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

1243167

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	S. R East West
Address 2:	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
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: Uell #: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug
Depth to Top: Bottom:T.D	

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	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugars an eath source. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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

810 E 7TH PO Box 92 **EUREKA, KS 67045** (620) 583-5561



Cement o	r Acid Field Report
Ticket No.	2086
Foreman	Rick Ledford
Camp Eu	ievo Vs

AP1+15-0	01-03229	- Commenter and the	And State 201 and a construction of the second seco		the second s	i and a starting			
Date	Cust. ID #	Leas	e & Well Number		Section	Township	Range	County	State
1-20-15	1003	Cline	(9		16	245	18Z	Allen	12 5
				Safety	Unit #	Dri	ver	Unit #	Driver
	olt Fre	gy Inc.	s a fighter a fighter	Meeting	102		15 B	<u> </u>	
Mailing Address		- /			113	Aller	. B.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
P.	O. Box	388	$g^{-1} = b + c + f g f - 1$		20 ^{- 1} . 1 0	1.1.1	, <u>a</u>	<u></u>	<u> </u>
City		State	Zip Code						••••••
I	OLA	Rs	667.49		÷.,		4 J	-	
	Wt	Hole Siz	oth ze .eft in Casing ement PSI		Bump Plug to	<u>14</u> # <u>7.0</u>	D O B		
w/ 4no gi	1 @ 14#	gel. pull.	up to 1" hydrill 1" out, Rig up off. Jeb con	to 1"	an outside	of 2" @	235	5 60/40 Pozm Mixed 40	323
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	in the state	ne st. 16	5 ME			1 <u>8</u> 1 <i>8</i>		į.	

Code	Qty or Units	Description of Product or Services	Unit Price	Total
105-2	·	Pump Charge	500.00	500.00
107	0	Mileage 2nd will of 3	nic	nlc
203	80 3113	60/40 Pozmin cencit	12.75	1020.00
206	275 **	4mgel	. 20	55.00
108A	3.44	ton mileage bulk tik (scrond will)	mla	200.00
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		1911.03		14
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		7.409/	Subtotal Sales Tax	1.775.00

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.