

Employee of Operator or Operator on above-described well,

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

1247590

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ 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 County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ 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) Size Formation Content Casing 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. _____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____ _____ County, ______ , ss.

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)

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form. seknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's DATE TITLE, MOITSIROHTUA **GBTAMIT89** ተፅፕሮ ሙደብ **SALES TAX** econ renewated. TO CANADA £ 76 405 = 20 401-20LS L0/25 HUEAGE 20/2 PUMP CHARGE #50/23 JATOT CODE DAIL PRICE DESCRIPTION of SERVICES of PRODUCT STINU 10 YTINAUD **ACCOUNT BIAR** IS4 XIW DISPLACEMENT PSI DISPLACEMENT WATER gailsk CEMENT LEFT in CASING_ SLURRY VOL SLURRY WEIGHT HOLE DERTH ЯЭНГО 三引き こいみの CASING DEPTH CASING SIZE & WEIGHT HOLE SIZE SP CODE STATE CILLY WAILING ADORESS DRIVER TRUCK # PRIVER TRUCK # COSTOMER 12 3711 51-91-80 COUNTY RANGE TOWNSHIP NOITOES WELL NAME & NUMBER COSTOMER # **BATE** CEMENT 8788-784-008 TO 0159-154-028 FIELD TICKET & TREATMENT REPORT 1- 201 004, Chanute, KS 66720 **NAMBRO7**



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LOCATION