

**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

### 1249327

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 #:			A	API No	. 15				
Name:				Spot Do	escription:				
Address 1:			-		Sec Tw	vp S. R East West			
Address 2:			-		Feet from	North / South Line of Section			
City: State: Zip: +           Contact Person:				Feet from East / West Line of Section					
				Footages Calculated from Nearest Outside Section Corner:					
Phone: ( )				□ NE □ NW □ SE □ SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic c	County					
Water Supply Well	Other:	SWD Permit #:		-					
ENHR Permit #: Gas Storage Permit #:				Lease Name: Well #:  Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes				oved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	sheet)	b	oy:		(KCC <b>District</b> Agent's Name)			
Depth to	o Top: Botto	m: T.D	_	Dluggir	na Commenced:				
Depth to	m: T.D								
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Water	r Records		Casing Red	ord (S	urface, Conductor & Produc	ction)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
		<u> </u>							
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top	) for ea	ach plug set.				
Plugging Contractor License #	#:		Name:						
Address 1:			Address 2:						
City:			S	state: _		Zip:+			
Phone: ( )									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		,	, SS.					
	(Print Name)				Employee of Operator or	Operator on above-described well,			

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

620-431-9210 or 800-467-8676

JM 1949 FT 1881

48557 TICKET NUMBER

FOREMAN Jeff Shell

LOCATION 180

## Old Marie Service PO Box 884, Chanute, KS 66720

LIEFD LICKE! & LVEY	TIME IAL IZEL	OIX.		
CEMEN	IT API#	15-015-	40222-0	00-00
WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUN
	2.	444	100	0

DATE   CUSTOMER#   WELL NAME & NUMBER	alonoit	100000	100102	
1/27/15 1027 McGill # 14	31	245	4E	Butlen
CÚSTOMER				
Aztec oil co.	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS	446	Jash /		
PO BOX 1020	692 1	Mark		
CITY STATE ZIP CODE	7751	Tylen		
El Dorado KS 67042	539	Jeff		
the state of the s			_ 11	

JOB TYPE Plug B	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT 7"
CASING DEPTH	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING

DISPLACEMENT

nun hacksideand

ACCOUNT	QUANITY (	or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
405 A		1	PUMP CHARGE	730.00	730.00
406	,	15	MILEAGE	4.20	1,3.00
407	,		Min bulk delivery	368.00	368,00
	2916	665KS	60/40 Pazmix	13.18	869.88
18 B		26545		, 22	58.30
102 1		160/49	c 9/cium	,78	124.80
07		25/65		2.47	61.75
roac 1		3.5108	80 bbl V9c TrK	90.00	315.00
				1.0	
		<del></del>			
		<del></del>			
			Migus 30% m	Sustatal	2590.7
			Minus 30% m	terial Dismo	334,46
				Subtat 91	22563
			6.4	SALES TAX	49.9
3737	Stewn		:	ESTIMATED TOTAL	2306 26
	*1	11/1/		IOIAL [	U JUU KI

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.

# CONSOLIDATED INVOICE

## Involue #808139

TICKET NUMBER	48556
LOCATION 180	
TOPENAN TOPP	Shall

		FIF	D TICKET	P TOEA	TMENT REP	ORT		
O Box 884, CI	hanute, KS 667	. <b>.2</b> 0,	LD HCKE	CEMEN	T API	15-015-	40222-	00-00
DATE	or 800-467-867		NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
	10 4 7	McG:11		14	31	24	4	Butler
1/26/15 CUSTOMER	1021	17166,71		<del>' ' '                                </del>				
	all co	,			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ss <u>oil co</u>	<del></del>			446	Josh		
_	POX 102				7751	Tuler 1		
CITY	10 / 10 /	STATE	ZIP CODE	1	6921	Mark		
El Do	rada	KS	67042					
IOB TYPE_Plu		HOLE SIZE	1	HOLE DEPTI	2680	CASING SIZE & W	EIGHT 7"	
ASING DERTH	2478				3/8 Setal	+ 2663ft.	OTHER	
		SLURRY VOL_			k	CEMENT LEFT in		
	IT	DISPLACEMENT		MIX PSI		RATE		
DISPLACEMENT	- 0 + 0 04				000	1 sacks	LAKA P	- 7-M.V
	9 FETY M	eerng,	brake	<u> </u>	POMPE	1503KS	0 1101	Talla
4% Ge	13% C	410. UM	d .5 p 1960	2d WITH	8 64 TT	est wate	K PUIIEA	- Illoing
out fro	m 2663				HOOKED U	Wand Oro	Ke Circi	rumpea
1755K	5 60/401	Paz mix	4% GC	Every	thing 579	inding full	<u> </u>	<del>_</del>
					<u> </u>			-
		:						
ACCOUNT	QUANITY	Y or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
CODE 540	•	<del>-</del>	PUMP CHARG	E		· · · · · · · · · · · · · · · · · · ·	1085.00	1085.00
5406		15	MILEAGE	-			4,20	43,00
5 70 W		79	Min 1	IK	deliver.	1	368,00	368.00

QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
,	PUMP CHARGE	1085.00	1085.00
15	MILEAGE	4,23	43.00
,	Min bulk delivery		368.00
2810 2255Ks	60/40 90 Zmix		2961.50
900165	Gel		198.00
100/65	calcium chloride		78.00
	T =	90.00	450.00
			·
		<del> </del>	5207.50
	Minus.30/2	material Digo	
			4235.05
	6.4		145.22
		TOTAL	4380.27
/ / / / / / /			
	15 15 1 2810 225.5 Ks 90016.5 100/6.5	J PUMP CHARGE  J5 MILEAGE  J Min bulk delivery  3870 2255Ks 60/40 Pozmix  900/65 Gel  J00/65 C9/Cium Chloride  565 8086 V9CTrk	PUMP CHARGE   1085.00   15 MILEAGE   4,23   4,23   3,68,00   3,18   9,00   3,18   9,00   1,3,18   9,00   1,3,18   1,3,18   1,00   1,5   1,00   1,5   1,00   1,5   1,00   1,5   1,00   1,5   1,00   1

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