

**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

## 1250094

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 #:			API No	o. 15				
				escription:				
Address 1:				Sec Tv	vp S. R East West			
Address 2:				Feet from	North / South Line of Section			
City: State: Zip: +				Feet from East / West Line of Secti				
Contact Person:			Footag	es Calculated from Neare	st Outside Section Corner:			
Phone: ( )				NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County	<i>.</i>				
Water Supply Well Other: SWD Permit #:								
ENHR Permit #:	orage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes			oved on: (Date)			
Producing Formation(s): List	All (If needed attach another	r sheet)			(KCC <b>District</b> Agent's Name)			
Depth to	o Top: Botto	om: T.D						
Depth to	o Top: Botto	om: T.D	""	Plugging Commenced:  Plugging Completed:				
Depth to	o Top: Botto	om:T.D	Fluggii	ig Completed				
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Wate	r Records		Casing Record (S	Surface, Conductor & Produc	ction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
zement of other plugs were u	seu, state the character of	same depth placed from (bot	копт), ко (кор) тог е	acii piug set.				
Plugging Contractor License #: N								
Address 1:			Address 2:					
•					Zip:+			
Phone: ( )								
Name of Party Responsible for	or Plugging Fees:							
State of	County, _		, SS.					
	(Drint Nama)			Employee of Operator or	Operator on above-described well,			
	(Duint M )		_	· ·				

Submitted Electronically

the same are true and correct, so help me God.

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



a consideration of Consolidated On Consolidated On

PO	Box	884,	Cha	nute,	KS	66720	)
620	-431	-0210	Or	800-	467-	8676	

## FIELD TICKET & TREATMENT REPORT

DATE CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
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<sup>बार</sup> ेड हुई जंसी राज्यहरू ८५ ज्या । भारतसम्बद्धाः व ८८ व्यक्तिमा स	2 314		20 (11)		
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ACCOUNT	QUANITY or UNITS	DESCRIPT	ON of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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vin 3737			uch tools but will not be liable for		running and

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.