

**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 Section		
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 Cathodi	ic County	<i>r</i>			
Water Supply Well	Other:	SWD Permit #:	1 .		Well #:		
ENHR Permit #:	orage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1		oved on: (Date)		
Producing Formation(s): List	All (If needed attach another	r sheet)	by:		(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	Tidggii	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	Sed, State the Character Of	same depth placed from (bot	копт, ко (кор) юг 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 Mana)			Employee of Operator or	Operator on above-described well,		
	(Duint Nove)						

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	711
620	-431	-0210	Or	800-	167-	8676	

## FIELD TICKET & TREATMENT REPORT

DATE CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
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JOB TYPE PT A	HOLE SIZE 1 1/8 HOLE DI	EPTH QUE TO a bol	CASING SIZE & V	VEIGHTASINS I	) S. Jeuns (O.
CASING DEPTH	DRILL PIPE 4/2 TUBING	paid to others	es required to be	OTHER	orq IIA sore
SLURRY WEIGHT 13 2	SLURRY VOL. 1.42 WATER	gal/sk	CEMENT LEFT in	CASING	Hollier on the
V S (2014)	the state of the s		RATE	sidus out and	a, Trempala
DISPLACEMENT	The transfer of the A. C. C. Could		IVATE		
REMARKS: Sifty meeting	FILUPON WWY - 1769	as order		DIROTTE CROSS	1 2 31 285 372
1 50 skg et 287	For har and olderangent device ad				
2 housing at 214	Proprie ogyckywashie eticolo	nixingualinaelin	4 For restali	na gracianina	he seminos
3 50 skg at 350	functionality of such items.	se complete care	hali at all sime ha	he Customer s	BY COWS. T
4 10 SICELIEALION	WARRANTIES - LIMITATION O	аолопрола ран в	well, the drilling	control of the	bas ,yborsus
RH. 3 Cakens singus.	START Francisco	A Take all, hard	n - whoelquis	HE WUN CALL STREETS STAN	os ar attento po os atelegranesco
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ACCOUNT	QUANITY or UNITS	DESCRIPT	ON of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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5.40b	mecaliner 2, 0, beamil vis	MILEAGE 29017102	anage and surface damage ansme		Date United
	naterials of Cefricos for their reti	Tribound by to Eo	Delivery	tr. damage.	118-04360.CC
	n, an attowance to customer of		all of the sole wiliful misconduct or	claim is the re-	। रहाना । (त्र
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			avoir damage occased by (i) loss of	to a second	10-1-1 bus
			h, cement misnlacement mumino		
			na wells with loss of circulation.  Since plug to proper depth, (a) sub-		
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			unling dehydration of coment slurry	in Ontetading	Prolitestons ?
			oe, annulus bridging or plugging, or	12 Stell Designio	Jungias 17:4
			lost or left in the well, or becoming sun and by any cause. COWS may	UI VIID IUI IIU W	Had storie
			od may supply supervision for the	SALES TAX	noh deirrid
vin 3737			uch tools but will not be liable for	ESTIMATED	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.