

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

1256479

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 #:			AF	71 No. 15	5												
Name:			Spot Description:														
Address 1:		_	Sec Twp S. R East West														
Address 2:					Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:												
											Phone: ()					NE NW	SE SW
												Other: Gas Sto No If not, is well All (If needed attach another Top: Botto	SWD Permit #: rage Permit #: l log attached? Yes	Le Da No Th by:	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:		
Depth to	Top: Botto	m:T.D															
Show depth and thickness of a		ations.															
Oil, Gas or Water			Casing Record (Surface, Conductor & Production)														
Formation	Content	Casing	Size		Setting Depth	Pulled Out											
cement or other plugs were us						Is used in introducing it into the hole. If											
Plugging Contractor License #:				ame:													
Address 1:			Address 2:														
City:			Sta	ate:		Zip:+											
Phone: ()																	
Name of Party Responsible fo	or Plugging Fees:																
State of	County, _		, s	SS.													
			Em	ployee 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



LOCATION O + tawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

620-431-9210 c	or 800-467-8676			CEME	VI						
DATE	CUSTOMER#		L NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY			
6.24.15 CUSTOMER			chebrand	8E)	SE 17	25	16	Wo			
Lay	mon Oil	TO %K	Laymon		TRUCK#	DRIVER	TRUCK#	DRIVER			
					712	FreMad					
1998	Squir	rel Rd			495	Har Box					
CITY	, = ,,	STATE	ZIP CODE		548	mik Haa					
Sod N.	ho Falls	125					<u> </u>				
JOB TYPE		HOLE SIZE			H_ 950	_ CASING SIZE & V	VEIGHT 1/2	•			
				_TUBING	OTHER						
SLURRY WEIGHT SLURRY VOL DISPLACEMENT DISPLACEMENT PSI						CASING FO					
DISPLACEMENT	NA	DISPLACEMEN	VI PSI	MIX PSI	300	RATE 3 BF					
D. REMARKS: HA	ld Sater	y meets	age Esta	DISK	pump la	to. Mix + Poblanseed	1.110 30	SKS			
Poz	ssure to	H Cem	DI 6/0	use a	6-10-6	opporzeca	NUTIS.				
146	SSUME PO	3 000	701. 50	OF INC	casing.						
					-						
								5 21			
Circle	THAT SUMA	Had Wa	ten		- Arguni ga-						
00310	Customer Supplied Water Full Man										
	1990 FOR GROUP		•			7					
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION	of SERVICES or I	PRODUCT	UNIT PRICE	TOTAL			
CE0450	-	1	PUMP CHARG	E Plug :	to Abandon	495	150000				
CE 0002		som:	MILEAGE	V		495	35756				
CEOTIL	14 minin	ww				548	16500				
					SUB Total	L	202250				
					-	- 55%	1112.38				
						Sub total		910.12			
CC 5840		50 s/ks	Pos Bles	dIA	Comest		67500				
CC 5965		252#	Benton	ite al			7500				
10 6080	17	10#	Catho	rseed	Hulls		500				
	1184				SubTota	1	75560				
						-55%	415.58				
	18					subtotal		340.02			
	w 21			.4							
	or or or or	- A		440.00							
	*			18204-0311							
	1				at a second						
		7				7.15	SALES TAX	24.31			
Ravin 3737							ESTIMATED TOTAL	1274.45			
AUTHORIZTION				TITLE			DATE	283213			
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