

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

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. 15				
					Spot Description: S. R East West				
City:	State:	Zip: +		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 Wel	I OG D&A Catho	odic	County:					
Water Supply Well	Other:	SWD Permit #:		•					
ENHR Permit #:	Ga	s Storage Permit #:		Lease Name: Well #: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (KCC District Agent's Name) Plugging Commenced: (KCC District Agent's Name)					
Is ACO-1 filed? Yes	No If not, is	s well log attached? Yes	No						
Producing Formation(s): Lis	t All (If needed attach ar	oother sheet)							
Depth	to Top:	Bottom: T.D							
Depth	to Top:	Bottom: T.D			Completed:				
Depth	to Top:	Bottom:T.D		riugging	Completed				
Show depth and thickness of	of all water, oil and gas	formations.							
Oil, Gas or Wa	ter Records		Casing	g Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were	used, state the charact	er of same depth placed from (b	oottom), to	(top) for eac	h plug set.				
Plugging Contractor License #:									
Address 1:				3 2:					
City:				State: 2		Zip:	+		
Phone: ()				_					
Name of Party Responsible	for Plugging Fees:								
State of	County,			, ss.					
	(0)				nployee of Operator o	r Operator on a	bove-described well,		
	(Print Nar	ne)							

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



SALES TAX ESTMATED TOTAL

PO Box 884, Chanute, KS 66720

Pavin 3737

FIELD TICKET & TREATMENT REPORT

520-431-9210 d	r 800-467-8676			CEMEN	IT			
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10/19/15	3648	Fasolmo	# 4		JW4	14	99	Jo
CUSTOM B	_				TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	werde			-{	<u> </u>	Casken	Saldy	Mathina
	,	DI			729 467	KeyCor	-	
5131	Uirginia	STATE	ZIP CODE	-	548	Arked	v	
CITY		Ks	وماصك		3/6	1 THE MACE	 	
Wellsy			مهرص	∐ HOLE DEPT	<u> </u>	CASING SIZE & V	WEIGHT 27/A	**
JOB TYPE PI	10	HOLE SIZE		TUBING	FI		OTHER	
CASING DEPTH		DRILL PIPE				CEMENT LEFT In		
SLURRY WEIGH	· ·	SLURRY VOL			± k	~ /		
DISPLACEMENT		DISPLACEMENT	- N. / 1 W	A CONS	obebe	to dawn	rostra . A	uxod
REMARKS: 10	la salaty	Miles in a	estation of	YEAR COLL	10	22 001	per sk u	110#
4 boort	00 mg 11		100-00			in coving		
Cottonseo	A Hulls	pressur	ed yo	_/olC/U_I	31 , 200	··· · · · · · · · · · · · · · · · · ·	α	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>							15	
					 	- 11	74 /	
								
ACCOUNT	T			COCRIPTION	of SERVICES of P	RODUCT	UNIT PRICE	TOTAL
CODE	QUANITY	or UNITS		ESCRUT TION	0.05		1500.00	
(EO450			PUMP CHAR	GE			214.50	
E0008	30	ui_	MILEAGE				330.00	
(E0711_	1/2 n	lin_	You a	<u>ilsage</u>			2044.50	
					TYUCE	<u>·s</u>		7
						51%	1042.70	1001.80
						Subtotal	1/50 80	1001.60
cc5840	724	Ses	3950	Porder	nd ceunes	<u>at</u>	459.00	
CC30/0	57	#	Gel				17.10	ļ
CC 5965		*	Ca Hans	seed h	ulls		5.00	
CC 6080	/ 0	<u> </u>	CO NAME	**************************************	14.4.0	eriols	245.36	
					•	-	245.36	,
			 -			Substated		235.74
				<u>.</u>				
	 		 					
			 					<u> </u>
	 							
1			-					

DATE TITLE_ 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.