

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

1259549

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 #:			4	API No. 1	5			
Name:			;	Spot Desc	cription:			
Address 1:			-		Sec Tw	p S. R East West		
Address 2:			-		Feet from	North / South Line of Section		
City:	State:	Zip:+	.	Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
Contact Person:								
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:				
Water Supply Well	Other:	SWD Permit #:		-		Well #:		
ENHR Permit #:	Gas Sto	orage Permit #:	— I ,	Date Well	Completed:			
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes				oved on: (Date)		
Producing Formation(s): List	All (If needed attach another	r sheet)		by:		(KCC District Agent's Name)		
Depth to	o Top: Botto	m: T.D	— I ,	Pluaaina (Commenced:			
Depth to	·	m: T.D	— I ,	Plugging Completed:				
Depth to	o Top: Botto	m:T.D		00 0	•			
Show depth and thickness of		ations.						
Oil, Gas or Wate	r Records		Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		ed, indicating where the mud same depth placed from (bot				Is used in introducing it into the hole. If		
Plugging Contractor License #: Nai								
Address 1:			Address 2:					
				State:		Zip: +		
Phone: ()								
Name of Party Responsible for	or Plugging Fees:							
State of	County, _			, SS.				
	(Drint Nome)			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



PO Box 884, Chanute, KS 66720

AUTHORIZTION

FIELD TICKET & TREATMENT

DATE		277001	AFARST" & AM MAP	SED	SECTION	TOWNSHIP	RANGE	COUNTY
	CUSTOMER#	1	NAME & NUME				ಖ	10
6/19/15	3645	Fasoline	· #18	<u> </u>	Sw 4	14		
USTOMER HB E	Coron			 	TRUCK#	DRIVER	TRUCK#	DRIVER
IAILING ADDRE				1 5	29	Cosken	Sold	Maptino
	Virghia	$\mathbf{P} \mathbf{l}$		 	4107	Kei Coc	v 1	~ ~
XTY	<u> </u>	STATE	ZIP CODE	┤	4107 548	Arther	~	
Wellsville	,	KS	60069					
OB TYPE_		HOLE SIZE	COUVER	HOLE DEPTH_		CASING SIZE & V	VEIGHT 27/) ⁽⁽
ASING DEPTH	101	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL_		WATER gal/sk		CEMENT LEFT in	CASING YELL	
DISPLACEMENT		DISPLACEMEN'	T DSI	MIX PSI		RATE 2 box		
		wattre		hed rate	a dam	C95200	dived t	المراسمة
REMARKS: 140		Est (eve)				sk w/	10th Cotter	
34 500	(000 to a	4- DOO	Fol s	1 - A	2000 C			
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·····				· · · · · · · · · · · · · · · · · · ·				
ACCOUNT	CUANITY	or UNITS	Di	ESCRIPTION of S	SERVICES or PI	RODUCT	UNIT PRICE	TOTAL
CODE					<u>,</u>		500,00	
E0450			PUMP CHARG	3 C				<u></u>
			MILEAGE					
	on 10	505.6	17	۲/			237 00	
CEOPH	1/	uin_	ton u	uleage			330.00	
	1/		ton u	uleage	truc		1830.00	
CE0711	1/		ton u	uleage	- 27	%		89/
	1/				- 27		1830.00 933.30	896.
CEOHI	1/			nileage Pozblend	- 27	%	1830.00 933.30 457.00	894.
CE0711	1/5 v 34	uia	Sto F	Pozblend	- 5	%	1830.00 933.30 457.00 17.10	896.
CE0711 CC 5840 CC 5965	75 v 34 57	sko	Sto F	Pozblend	- 5	%	1830.00 933.30 457.00 17.10 5.00	896.
CE0711 CC 5840 CC 5965	34 .SZ	sks	Sto F		- 2	Subleta!	1830.00 933.30 459.00 17.10 5.00 481.10	896.
CEOHI CC 5840 CC 5965	34 .SZ	sks	Sto F	Pozblend	- 2	%	1830.00 933.30 457.00 17.10 5.00	896.
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CEOHI CC 5840 CC 5965	34 .SZ	sks	Sto F	Pozblend	- 2	Subtotal erials 57 % subtotal	1830.°° 933.30 457.°° 17.10 5.°° 481.10 245.36	33S.
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CE0711 CC 5840 CC 5965	34 .SZ	sks	Sto F	Pozblend	- 2	Subtotal erials 57 % subtotal	1830.°° 933.30 457.°° 17.10 5.°° 481.10 245.36	33S.

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.