

**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

#### 1264908

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 Cathod	ic County	<i>.</i>	
Water Supply Well	Other:	SWD Permit #:	1		Well #:
ENHR Permit #:	Gas Sto	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	""	-	
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	коп), ко (кор) ког е	acii piug set.	
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

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 Oakley 165
FOREMAN JEGENYR MILES Shaw

DATE\_

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

# FIELD TICKET & TREATMENT REPORT CEMENT

TRUCK# DRIVER TRUCK# DRIVER  TRUCK# DRIVER TRUCK# DRIVER  TRUCK# DRIVER TRUCK# DRIVER  TRUCK# DRIVER TRUCK# DRIVER  TRUCK# DRI	DATE	CUSTOMER#	WELL	NAME & NUM	MBER	SECTION	TOWNSHIP	RANGE	COUNTY		
TRUCK # DRIVER TRUCK # DRIVER TRUCK # DRIVER S2837127 COILIN 5  231 CODY R  JOB TYPE OHP HOLE SIZE HOLE DEPTH CASING SIZE & WEIGHT 51/2.  CASING DEPTH DRILL PIPE TUBING OTHER  SLURRY WEIGHT 1/2.0 DISPLACEMENT PSI MIX PSI RATE  REMARKS: SAFTA, Maching Gigad UP Nell Dampa Dam Casing loo sks Loury of Sousia Data Casing loo sks Loury of Sousia Casing loo sks L	8/27/15		Som	mers 1-17		17	235	31W	Finney		
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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.



## **Every Project Is Personal**

Pioneer Wireline Services, LLC

Service Order No.

1-49833

Phone: 785.625.3858

Fax: 785.625.8635

Date: 8-27-15

CHESAPEALL					Client Order #					
gu Billing	Address	and the transmission of	an arti		City			ST	Zip	
Lease & Well # Field Name				Legal De:			Description	escription (coordinates)		
SOMERS 1-1)  Nearest Town  CALDED CITY FINNEY  Rig Permit  CALDED CITY FINNEY  CALDED CITY FINNEY  Rig Permit  CALDED CITY FINNEY  CALDED CITY FINNEY  Rig Permit  CALDED CITY FINNEY  CALDED CONTROL		Permit#		Price Zone	0	Casing Size		Casing Weight		
Fluid	CALDED CITY FINNEY ICS  Fluid Level (surf.) Reading from Customer T.D.			Pione	rT.D. Ele				Elevation	
rew Engin		Truck Driver LSNEAL	4	Crew Memi	bers		Detrim	Unit#	Miles	
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	THIS CONTRACT ON BEHALF OF THE CONDITIONS SET FORTH ON THE REV					DISCO	TNUC		. 45	
Client App	proval					SUBT	TAX	26	5600	
Name Prin	nus druck	gnature / Date	A100			NET T	OTAL			
Pioneer Fi	eld Representative			PIONEER	OFFICE USE ON	ILY – Mana	ger Appro	val		
L AA	DOVIYAND	_ 8-27-15	2	Name Pri	inted			Sign	nature / Date	