

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

1271139

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		
Name:			I	Spot Description:		
Address 1:				Sec T	wp S. R East West	
Address 2:				Feet from North / South Line of Section		
City:				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)			ic Coun	ty:		
Water Supply Well Other: SWD Permit #:			Leas	Lease Name: Well #:		
ENHR Permit #: Gas Storage Permit #:			Date	Well Completed:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)		
Producing Formation(s): List A					(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	m: T.D	Plugg	Plugging Completed:			
Depth to	o Top: Botto	m:T.D				
Ob d	all contain all and man famous					
Show depth and thickness of		ations.	0 ' 0 '	(0.60		
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ne:		
Address 1:			Address 2:			
City:			State	:	Zip:+	
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _		, SS.			
(Print Nama)				Employee 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

8:00 Am 12:00 PM **TICKET NUMBER** CONSOLIDATED LOCATION Oil Well Services, LLC **FOREMAN** FIELD TICKET & TREATMENT REPORT Pe Box 884, Chanute, KS 66720 nvolce 620-431-9210 or 800-467-8676 CEMENT DATE **CUSTOMER#** WELL NAME & NUMBER SECTION TOWNSHIP 10-21-15 10 4 55 33W Rawlins CUSTOMER Colby N TRUCK # DRIVER TRUCK# DRIVER to mm 212 MAILING ADDRESS EZNIS NI E 1/2 Skinds CITY STATE ZIP CODE JOB TYPE HOLE SIZE HOLE DEPTH **CASING SIZE & WEIGHT** OTHER 16 perts & 4300 **CASING DEPTH DRILL PIPE TUBING** SLURRY WEIGHT / SLURRY VOL WATER gal/sk CEMENT LEFT in CASING DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE REMARKS: Sift 300 7 halls none on ACCOUNT **QUANITY or UNITS UNIT PRICE** TOTAL **DESCRIPTION of SERVICES or PRODUCT** CODE 9,5000 95000 E0470 PUMP CHARGE 2/450 30 CE0002 MILEAGE 2.00 H .504 n sead 1000

ACCOUNT CODE

CE 0470

I PUMP CHARGE

CE 0470

I PUMP CHARGE

CE 0470

I MILEAGE

CE 0710

I L. 13

I

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.

TITLE

AUTHORIZTION

DATE