Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1273247

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:	Spot Description:
Address 1:	Sec Twp 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:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plu
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:					
Address 1:		Address 2:					
City:		State:	Zip:	+			
Phone: ()							
Name of Party Responsible for Plug	gging Fees:						
State of	County,	, SS.					
	(Print Name)		or or Operator on abo				
haing first duly sugars an asthe says	That I have be available of the facto	statements, and matters barain contained, and the l	on of the chour departhed	wall in an filed and			

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 the same are true and correct, so help me God.

Submitted Electronically

BUPELIND Acid & Cement

TREATMENT REPORT

Acid Stage No.

Company) Well Name & Location County Casing: Size. Formation: Formation: Formation: Liner: Size Cen Tubing: Size	END Type & Wt wt.	Dit I	Field State Perf. Perf. Perf. Top at. from Swung at.	0. No. Set at	Bb Flush Flush Flush Treated from from from Actual Volume of Oll/Wat Pump Trucks. No. Used: S Auxiliary Equipment Packer: Auxiliary Tools	I. /Gal		(Bb) /Gal. n
Duen Hole Si	20	. T. D	11 U	B. to	Plugging or Sealing Materi			
THEN LOIP SI	••••••			b. (0	l	VI 1		lb.
Company	Representative				Treater 17-4	- 15/1		
TIME a.m /p.m.	PRESS	URES	Total Fluid Pumped		RE	MARKS		
8:00	- uvuis	Castille		On los 1	SA De u	/Calorin + 11	asan Ci	
				Kooch of	5.9 seek Shi	ALL DING	erets com	
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