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

1275443

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No	County: Well #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

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

Oil, Gas or Water	r Records		Casing Record (Surfa	ce, Conductor & Produc	tion)
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 availed as a fith a factor	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

CONSCLIDATED Silv Visiti Sansines, LLS	Consolidated [P.C	R EMIT TO Oil Well Servic Dept. 970 D. Box 4346 , TX 77210-43		P. Chanute 620/431-9210 • 1-80	IN OFFICE O. Box 884 , KS 66720 0/467-8676 0/431-0012
INVOICE				Invoice #	263701
Invoice Date: 11/08/2013	Terms: 0/0/3	30,n/30		Pa	ge 1
VEENKER RESOURCES, INC P.O. BOX 14339 OKLAHOMA CITY, OK 731 (405)751-1414		44769 SW 4-	S 36-VRI 23-21 -2013		
					======================================
	ption LL CEMENT AL (50# BAG)		95.00 475.00		Total 1876.25 218.50
Description 558 MIN. BULK DELIVERY 666 CEMENT PUMP 666 EQUIPMENT MILEAGE (ON	E WAY)		1.00 1.00 45.00	1085.00 4.20	Total 368.00 1085.00 189.00
666 CASING FOOTAGE 675 80 BBL VACUUM TRUCK (CEMENT)		825.00 3.00	.00 90.00	.00 270.00
Parts: 2094.75 Freight: Labor: .00 Misc: Sublt: .00 Supplies	.0	0 Tax: 0 Total: 0 Change:	4167.	25 AR 00 00 ================	4167.00
Signed				Date	
BARTLESVILLE, OK EL DORADO, KS EUREKA, K 918/338-0808 315/322-7022 620/583-766	8 PONCA CITY, OK 580/762-2303	OAKLEY, KS OTT 785/672-8822 785	AWA, KS THA 242-4044 620/	YER, KS GILLETTE, W 839-5269 307/686-4914	Y CUSHING, OK 918/225-2650

FOREMAN Casay Channels, KS 66720 PO BOX 884, Channels, KS 66720 PIELD TICKET & TREATMENT REPORT CEMENT DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY IIIIG 13 8579 Gadis # 36 - VRT SW 4 23 21 AN USSTOMER USSTOMER WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY IIIIG 13 8579 Gadis # 36 - VRT SW 4 23 21 AN USSTOMER USSTOMER BOX AS 579 GADIS # 36 - VRT SW 4 23 21 AN USSTOMER PO Box 14339 CITY STATE ZIP CODE OKIAhoma City OK 731/3 JOB TYPE Jang String HOLE SIZE STATE USING GADIS & KEI DET K SSE Mat Cas K GASING DEPTH BOS DRILL PIPE TUBING OTHER SLURRY WEIGHT SLURRY VOL WATER galisk CEMENT LET IN CASING SLURRY WEIGHT SLURRY VOL WATER galisk CEMENT LET IN CASING DISPLACEMENT 478HLS DISPLACEMENT PBI MIX PBI RATE 4.5100 CASING SIZE S # Kologon for Sk, Counsist to Sureace, Haded acute Count pomped D D/2 TIDER disper dugs to main of SERVICES or PRODUCT UNIT PRICE TOTAL STORE DOD FS1, folgased prossure, shut in Casing. ACCOUNT QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL STOL J PUMP CHARGE JOBS CONTACT AND AS TREE OF PRODUCT UNIT PRICE TOTAL STOL J STATE DUMP CHARGE JOBS CONTACT AND AS TREE OF PRODUCT UNIT PRICE TOTAL STOL J STATE DUMP CHARGE JOBS CONTACT AND AS TREE OF PRODUCT UNIT PRICE TOTAL STOL J STATE SUPER CLASS
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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

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