

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

1275970

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 Wes					
Address 2:			_	Feet from North / South Line of Sec					
City:	State:	Zip: +	-	Feet from East / West Line of Section					
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()				□ NE □ NW □ SE □ SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	ounty.					
Water Supply Well	Other:	SWD Permit #:		-		Well #:			
ENHR Permit #:	rage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List	All (If needed attach another	sheet)	b	y:		(KCC District Agent's Name)			
Depth to	o Top: Botto	m: T.D		luaain	a Commenced:				
Depth to	o Top: Botto	m: T.D							
Depth to	o Top: Botto	m: T.D	'	luggiii	g completed.				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Wate	r Records		Casing Rec	ord (Si	urface, Conductor & Produc	tion)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top)) for ea	ach plug set.				
Plugging Contractor License #:									
Address 1:			Address 2:						
City:			S	tate: _		Zip:+			
Phone: ()									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		,	SS.					
			E	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





SALES OFFICE:

105 S. Broadway Suite #490 Wichita KS 67202 (316) 262-3699 (316) 262-5799 FAX (316) 734-5071 Cel

SALES & SERVICE OFFICE: 10244 NE Hiway 61

P.O. Box 8613 Pratt, KS 67124-8613 (316) 672-1201 (316) 672-5383 FAX (316) 546-5548 Cel

Invoice

OIL PRODUCERS INC. OF KANSAS P.O. Box 8647 Wichita, KS 67208					Invoice 99092 Cement -	4	Invoice Date Order Order 9/20/99 2189 -9/14/ Service Description agging			
AFE	***	CustomerRep	Treater		Well 1	vpe	ase Iker Purchase O	rder	Well A-2 Terms	
		Mark Elson	Dave Scott		New Well				Net 30	
<u>ID.</u>	Desc	cription		<u>U(</u>	<u>)M</u>	Quantit	y <u>Unit P</u>	<u>rice</u>	<u>Price</u>	
D202	60/4	0 POZ		SK		12	5 \$8.	00	\$1,000.00	
C321	CEM	MENT GEL		LB	3	42	8 \$0.	22	\$94.16	
E107	CEM	MENT SERVICE CHAR	GE	SK		12	5 \$1.	50	\$187.50	
E100	HEA	VY VEHICLE MILEA	GE - 1 WAY	M	I	4	5 \$2.	50	\$112.50	
E104		PPANT / BULK DELIV E, \$200 MIN	/ SERVICES/TO	N TN	Л	24	1 \$1.	25	\$301.25	
R400		MENT PUMPER, PLUG rkover Unit)	& ABANDON	EA	\		1 \$650.	00	\$650.00	

Sub Total: \$2,345.41

Discount:

\$891.45

Tax Rate: 5.90%

Discount Sub Total: \$1,453.96

(T) Taxable Item

Taxes: Total:

\$0.00 \$1,453.96

		INVOICE NO.	Subje	ct to Correction	FIEL	ORDER	02189
		Date 9-14-99		er	Well # 2 State 5	Legal 8-3	3-6
S E R V I C E S L L C		Hara	County, Harper		Prat	Station Fig. #KS	
c Oil	Produce	er's Inc of KS	Depth /	Formation		Shoe Joint	
H '		· · · · · · · · · · · · · · · · · · ·	Casing 8	Casing Depth	4600	PTA Ne	wwell
К ———— G Е	3,		Customer Repre	sentative El So in	Treate	D. Scott	
AFE Numbe		PO Number	Materials	X And I	1961	***	
Product	r· ·		Received by	Mal	1 Chi		DUNTING
Code D202	QUANTITY 1255K5	MATERIAL, EQUIPMENT at	nd SERVICES USED	UNIT PRICE	AMOUNT	CORRECTION	AMOUNT
1321	428/6	Cement Gel					
5/07	125 sks		Charge	· · · · · · · · · · · · · · · · · · ·			
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1400	189	EA. PTA PUMP	CHARGE				
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TREATMENT REPORT 013,37

Customer ID Pred Inc of KS Field Order # County Type Job \mathcal{D}^* PERFORATING DATA **FLUID USED** PIPE DATA TREATMENT RESUME Add 1255KS 4016000Z Casing Size RATE PRESS ISIP Tubing Size Shots/Ft 490601 Max 5 Min. Depth 300 Deoth From To Min 10 Min. Volume Volume To Frem Frac 7, D = 4600 Avg 15 Min. Mex Press May Proce To From HHP Used Annulus Pressure Well Connection Annulus Vol. From To Ges Volume Total Load Plug Depth Packer Depth From Station Managa Customer Representative D. Scott 106 Service Units Casing Tubing Rate Service Log Time **Bbls. Pumped** Processo Processo 0330 0730 Spacer 0848 ľoo Pamo Cmt 2 13,6ppg 0851 00 085h 100 0937 20 100 Mix+ Pump Cnt 2 13.6 ppg 10 100 60' Break Circ W/HO 3rd Plag 3 100 3 Mix & Pump Emf 25 SKCm+ Circ 00 35K'S Cm+ 3.8 1018 P1 01 10244 NE Hiway 61 • P. O. Box 8613 • Pratt. KS 67124-8613 • Phone (316) 672-1201 • FAX (316) 672-5383