

**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

## 1270307

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 #:			AF	PI No	. 15			
Name:				oot D	escription:			
Address 1:			_		Sec Tw	/p 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:			Fo	otag	es Calculated from Neares	st Outside Section Corner:		
Phone: ( )					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic C	ountv	r:			
Water Supply Well	Other:	SWD Permit #:		-		Well #:		
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			oved on: (Date)		
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC <b>District</b> Agent's Name)		
Depth to	Top: Botto	m: T.D	<sub>PI</sub>	uaair	na Commenced:			
Depth to	Top: Botto	m: T.D		Plugging Completed:				
Depth to	Top: Botto	m:T.D		- 55	0 1			
				—				
Show depth and thickness of		ations.						
Oil, Gas or Water	Records		_	Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If		
Plugging Contractor License #:			Name:	ne:				
Address 1:			Address 2: _					
City:			St	ate: _		Zip:+		
Phone: ( )								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		,	SS.				
	(Print Name)		[	[	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



TICKET NUMBE	ER	46	6629	
LOCATION	Oak	Me-	Ks	
FOREMAN	11-	14'	Duck.	1

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

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
1-12-16 CUSTOMER.	продуна Тиш	Delon	es 1-1	12	12	295	32 W	Haskell
01	200-6	0. 4	1. Juc	83+160	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	esa pecke	O Dear In	15, -	5-East	731	Cady Ros	-L	DRIVER
				3-50vt4		1	Tes L	
CITY	Place of the second	STATE	ZIP CODE	1/4 8,	Darla	Kiein Co	roel	
		as to make	program	1772				
JOB TYPE	OHP	HOLE SIZE_		HOLE DEPTH	2850	CASING SIZE & W	EIGHT 4%	e principal
CASING DEPTH	- ^	DRILL PIPE		TUBING	0000		OTHER	ing U.S. Johns
SLURRY WEIGH		SLURRY VOL_		WATER gal/sl	c	CEMENT LEFT in	CASING	Cauthie All Street
DISPLACEMENT		DISPLACEMEN	T PSI	MIX PSI	- (1)	RATE	agus as said	1-1/1/10-10
REMARKS:	Si Foty Wo	strue, ru	110 20	wonet.	mixed	200 SVS 6	Course & So	un 46
2)/3/	n# Aulls	Dressul	11 /-	-60#		7,00		
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16. 40.00	LIGARE WASH	mode group my	MODELLE SERVICE	U.S.II.S. S			Building.	To Black!
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AHY AF P	Eliste Incl	a calcare	METTAL	UBIN III		Wett	+ Crow	
ACCOUNT	QUANITY	or UNITS	D	ESCRIPTION of	SERVICES or PF	RODUCT	UNIT PRICE	TOTAL
Ce0470	1		PUMP CHAR	GE	e autorio de la Re	Wall to sometimes	95000	95000
Co 000 2	4	D	MILEAGE	material Dr	ngen gurtantis	pilani biyangani	7 15	nc
CC 5829	200	5K5	lito-	Weight I	Bloud		1600	32000
CC 6080	3/	20#	Cotto	y Speal	Hulls	h ye il we nilde th	150	15000
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MANITOTOT	(1)	) ( ) ~	//				TOTAL	THE STATE OF THE S
ALITHORIZTION	X Jonn	101	Ne	TITLE			DATE	

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