

**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

#### 1278392

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	5				
Name:				Spot Desc	ription:				
Address 1:					Sec 7	wp S.	R East West		
Address 2:				Feet from North / South Line of Section					
City:	State:	Zip:+		Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW					
Contact Person:									
Phone: ( )									
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:					
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	No	Date Well Completed: (Date) The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	All (If needed attach another	sheet)					(KCC <b>District</b> Agent's Name)		
Depth to	o Top: Botto	m: T.D		•					
Depth to	o Top: Botto	m: T.D							
Depth to	o Top: Botto	m:T.D		Plugging C	completea:				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Water	r Records		Casing I	Record (Surfa	ace, Conductor & Prod	uction)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	t		
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (	top) for each	n plug set.				
Plugging Contractor License #	#:		Name: _						
Address 1:			Address	2:					
City:				State:		Zip:	+		
Phone: ( )				-					
Name of Party Responsible for	or Plugging Fees:								
State of	County, _			, ss.					
	,				ployee of Operator or	05	or on above-described well,		
	(Print Name)			_ <u></u> Em	pioyee of Operator of	Operato	n 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

Form	CP4 - Well Plugging Record
Operator	Chesapeake Operating, LLC
Well Name	HESKAMP 2-23
Doc ID	1278392

### Producing Formations

Formation	Тор	Bottom	Total Depth
Lansing	4278	4284	
Kansas City	4660	4668	
Atoka	5109	5119	
Morrow	5279	5284	
St Louis	5515	5526	



LOCATION Ocklor KS
FOREMAN Walt Dinkel

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

# FIELD TICKET & TREATMENT REPORT

DATE			NIANE O AL	IMBED	SECTION	TOWNSHIP	RANGE	COUNTY		
DATE	CUSTOMER#	11 1.	NAME & N	72	1 1005750127711	The second secon				
1-12-16 CUSTOMER		Hesk	amp	2-23	23	295	32 W	Haskell		
Che	3000010	Opento	ne Inc	83+160	TRUCK#	DRIVER	TRUCK#	DRIVER		
MAILING ADDRE	SS	- Charact	01	5 East		Coch Ro	etes	THE CONTRACTOR		
				425	529-T12		Corbet	D 144		
CITY	moqual off too	STATE	ZIP CODE				Triller at	HVOTAL		
		um to a p nta	furth shirts	nisi		consideration of the	To Acrobial big	Luidines error		
JOB TYPE (	OHP	HOLE SIZE	77/8	HOLE DEPTI	н	CASING SIZE & V	VEIGHT5	4		
CASING DEPTH		DRILL PIPE		TUBING	23/8 1	830	OTHER	SALIN SHIP		
SLURRY WEIGH	URRY WEIGHT 13.2 SLUI		SLURRY VOL WATER gal/sk			CEMENT LEFT in	n CASING			
DISPLACEMENT		DISPLACEMENT PSI MIX PSI			*(=10=1)	RATE3+	04 BPM			
REMARKS:	SaFety	Meetin	e, R	a up on	well.		Zinnuni			
ran	Tuline.	to 1830	3 ,	ocal hole		O, mixel	25 SKS	Connet		
Diplea	00 5 BT	31 H200		toline t	to 700;		sks to Cu	to Soll		
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INCL. PLO	TOWN THE	trister de		HONEW			Walt	Crew		
ACCOUNT	QUANITY	or UNITS		DESCRIPTION O	of SERVICES or PI	RODUCT	UNIT PRICE	TOTAL		
CODE	1	u interno	PUMP CH	ARGE	red at last and		95000	95000		
CE0470	110		MILEAGE  Lite weight Blevel (6940pm				715	28600		
CE 6002	70	_					1600	184000		
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Ravin 3737	00	(2)	[]				TOTAL			
	V )22222	100	de	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



## **Every Project Is Personal**

Phone: 785.625.3858

Pioneer Wireline Services, LLC Service Order No.

**1-**50761

Date: 1-17-16

							Fax:	785.625.86	35	Date:/	-12-16	
4	Company	Chesot	Dont.		Will to			Client Ord	er#			
Client	Billing Ad	manufactured of the second	# 80	03624			-	ity CO		S1	r Zip	
		AF	2 " 80	367 4						1		
	Lease &	Well#	2 12		Field	Name			Legal D	escription (coo	rdinates)	
Well Info	Nearest	Town	County / Parish	ST I	Rig	Permit#		Price Zone	Cas	sing Size	Casing Weight	
Well	Fluid	le the	HA5/4	11 15.						3.5"	11/2	
	riuid	Level (so	111.)	Reading from	Customer	T.D.	Pionee	r T.D.	Elevatio	on	KB Elevation	
Crew	Engineer	h labore		ruck Driver			Crew Memb	ers		Uni	t# Miles	
	8011			m, ke te	134					171	76	
Product	Code	Description					Q-ty	Unit Price	From	Depth To	\$ Amount	
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158	170	5.5" (	128,0				130	7 170	-		2,226	
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TERMS	AND CO	NDITIONS SET FORT	H ON THE REVERS	E SIDE HEREOF.					DISCOU	77	19h	
Client Approval SUBTOTAL								635 -				
Henris Tevis Frick							TAX					
Nam	e Printed		Signat	ure / Date					NET TOT	AL		
Pion	eer Field	Representative			0	Г	PIONEER C	OFFICE USE ON	NLY – Manager	Approval		
1		11	1/2	1/01								
Nam	Name Printed Signature / Date						Name Printed Signature / Date					