

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

1290124

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 #:			A	NI No.	. 15				
Name:				pot De	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:			F	ootage	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 Cathod	ic C	County					
Water Supply Well	Other:	SWD Permit #:		-		Well #:			
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC District Agent's Name)			
Depth to	o Top: Botto	m: T.D	_	Pluggin	na Commenced:				
Depth to	o Top: Botto	m: T.D							
Depth to	o Top: Botto	m:T.D	'	luggill	ig Completed.				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Wate	r Records		Casing Rec	ng Record (Surface, Conductor & Production)					
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 #	#:		Name:						
Address 1:			Address 2:						
City:			S	tate:_		Zip:+			
Phone: ()									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		,	SS.					
	(Print Name)			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



Check # 1114

TICKET NUI	MBER_	5	111	5	4	
LOCATION_	ELD	100	Ad	0	-	11.33
FOREMAN	7	-				100

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

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER#	I WELL NAM		EIVIEN		15-035-	72971 00	>
2 16 11		VVELL NAIV	E & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER	The state of the s	Work	1-A		31	34	2	Coeley
Marrain	navilue 1	U. Revocable -	- 4					
MAILING ADDRE	SS	2. ICEDBEA-816	lrus		TRUCK#	DRIVER	TRUCK #	DRIVER
28786	1 HURS	Q.			603	Tracoy		- MALIN
CITY		STATE ZIP C	ODE	104	491	Jorowy		
ANKANSA	5 CHY		005		691	Mark'	100 De. 100 E	
JOB TYPE A		HOLE SIZE		L	628	EU274		
CASING DEPTH_	1 - 4 . 1			E DEPTH	-	CASING SIZE & W	EIGHT STA	18518
		DRILL PIPE	TUB	ING_2	3/8		OTHER	11.41
SLURRY VOL WATER gal/sk								
DISPLACEMENT DISPLACEMENT PSI MIX PSI								
REMARKS: C C 1								
hills a 1504' This Gold pos 4 Togel 3 Tocc w/coxonsted								
mart 113 pres 400 cm 40 130-1 b o								
widh	855K5	comenty	15 Pull	11141		CHATTILE I	and 15.	71000
midn 1		10 11	u/hell	HILLEI	of to	b 068 2	12 (NS)	
			1001	HILLEI	of to	b 088 2		
	Ssks	10 11	U/hell	5	0 (0	poss s	12 (115)	

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	7071
CE 2001	3 125	PUMP CHARGE		TOTAL
160002	60	MILEAGE	25000	75000
(60711	2 trucks	The Children day of the Ch	713	N/C
10 10 per 12 1	Available in the same	Tow Mileago Delivery (ma)	66000	122000
115829	135gKS	1 - 1 12 - 11 2		
106225	3504	60140pas 40050	1600	216000
066080	100#	Calcium chloride	100	35000
0	(00	Cottons end hulls	650	5000
			Land Land	
		506+84		453000
	1-		- Property	
		1755 disro	cat.	203859
		the state of the s	The state of	2030
		50010921	Contracting	249130
		7070511297		06-111
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