

**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

## 1304662

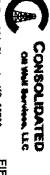
Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			APIN	No. 15		
Name:			I	Description:		
Address 1:				Sec T	wp 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:			Foota	ages Calculated from Near	est Outside Section Corner:	
Phone: ( )				NE NW SE SW County:		
Type of Well: (Check one)			ic Coun			
Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:				e Name:	Well #:	
				Well Completed:		
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	A.		roved on: (Date)	
Producing Formation(s): List A					(KCC <b>District</b> Agent's Name)	
Depth to		m: T.D	l Plugo	ging Commenced:		
Depth to		m: T.D	Plugg	ging Completed:		
Depth to	o Top: Botto	m:T.D				
Ob d	all contain all and man famous					
Show depth and thickness of		ations.	0 ' 0 '	(0.60		
Oil, Gas or Water				(Surface, Conductor & Produ	, ·	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If	
Plugging Contractor License #	<b>#</b> :		Name:			
Address 1:			Address 2:			
City:			State	:	Zip:+	
Phone: ( )						
Name of Party Responsible fo	or 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



FOREMAN USEL KOMES AND LOCATION CHEENA, KS 49760

FIELD TICKET & TREATMENT REPORT

1049.01	- T		m.e	Bollon will Sale	Hallow	AUTHORIZION
13.98	SALES TAX	7.8%				
186.35		Subderlas				
	193.95	- 51 0%		***************************************	Locaraciona	
	380.38		Corporation Hulls	4	(	CC (8/28)
	37.00	1/4	_	<del>+</del> #	6	Sales
	337.50		Passel TA	8		CC 28-40
84.68		Subbake				
	dt3.32	- esi %				
***************************************	8 CEL	たらな	07 087		3	wecks
	38.8	WARRACTURE	So Carion	NAV		では
	3		m	18050	22	Cecon
	100.5		PUMP CHARGE		_	CFCH50
TOTAL	UNIT PRICE	DESCRIPTION of SERVICES or PRODUCT	DESCRIPTION O	QUANITY or UNITS	QUANIT	CODE
		***************************************				
			The state of the s			
				***************************************		
					a na manada di pantingan di pan	
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	V		/ remout	ed thelle w	offer speed	10 # Co.
eyes /6x	to HT gras	See See Y	Ď	l reter	to los	RKS:
1	. I	RATE		DISPLACEMENT PSI		DISPLACEMENT
	CASING Yo //	k CEMENT LEFT IN CASING TO	WATER galisk	SLURRY VOL	IT	SLURRY WEIGHT
	\$		TUBING	DRILL PIPE	280	CASING DEPTH
0 2 ½ "	EIGHT (CARE)	4.5	ноге рертн	HOLE SIZE		JOB TYPE DIVE
	7 7	leas KarDat	64000	<u>~</u>		201
	1	-1/2	17IP CODE	STATE	CHISKO	2139
Lesting	TEEN!	729 Chs.Len			SS SS	MAILING ADDRESS
DRIVER	TRUCK#	TRUCK# DRIVER TRUCK#			<u></u>	CUSTOMER -S
	00	14 1535	ey # 2	Chaney	1564	8/14/18
COUNTY	RANGE	SECTION TOWNSHIP	WELL NAME & NUMBER		CUSTOMER#	DATE
			CEMENT	30	nanute, KS 667.	PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

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