

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

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	lo. 15	
Name:				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
Type of Well: (Check one) (Che	Other: Gas Sto	SWD Permit #:	Lease	e Name:	Well #:
Is ACO-1 filed? Yes	_	log attached? Yes			roved on: (Date)
Producing Formation(s): List A					(KCC District Agent's Name)
•	•	m: T.D	I Plugo	ging Commenced:	
•		m: T.D	Plugg	ging Completed:	
Depth to	5 TOP BOILO	m: T.D			
Show depth and thickness of	all water, oil and gas forma	ations.	'		
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)
Formation	Content	Casing	Size	Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If
Plugging Contractor License #	# :		Name:		
Address 1:			Address 2:		
City:			State:		Zip:+
Phone: ()					
Name of Party Responsible for	or Plugging Fees:				
State of	County		SS		
-				F	0
	(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



49759

TICKET NUMBER 49/59
LOCATION Official CS
FOREMAN Cost / Keinsector
FIELD TICKET & TREATMENT REPORT

23/6.07	TOTAL DATE			A Sol	Bollon w	AUTHORIZTION BANGU CURL Sel
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DRIVER	TRUCK#				luc.	5-90 King Ison
5	0	16 35	#3	Change #	1564	151/11/8
1 200	KANGE	SECTION TOWNSHIP	WELL NAME & NUMBER		CUSTOMER#	BATE
3	2		CEMENT		anute, KS 667 800-467-867	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