

**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## 1304756

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. 1	API No. 15				
Name:				Spot Description:				
Address 1:				Sec Twp S. R East West Feet from North / South Line of Section				
Address 2:								
City:	State:	Zip:+ +		Feet from East / West Line of Section				
Contact Person:			Footages	Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW  County:				
Phone: ( )								
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c County					
Water Supply Well C	Other:	SWD Permit #:	l .					
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes						
Producing Formation(s): List A	All (If needed attach another	sheet)	by:		(KCC <b>Di</b> :	strict Agent's Name)		
Depth to	Top: Botto	m: T.D	Plugging (	Commenced:				
Depth to	Top: Botto	m: T.D	""	Plugging Commenced:				
Depth to	Top: Botto	m:T.D		o o mproto a r				
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records	Casing 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	g it into the hole. If		
Plugging Contractor License #	Name:	ame:						
Address 1:			Address 2:					
City:			State:		Zip:	+		
Phone: ( )								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		, ss.					
			Em	ployee of Operator or	Operator on abo	ove-described well,		

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 the same are true and correct, so help me God.



LOCATION ON LOCATI

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER#	T			·				
L			LL NAME & NU	11 : 1	SECTION	TOWNSHIP	RANGE	cou	ľΥ
10/19/11 CUSTOMER	1601	1 Sul	<sub>2</sub> <del>፣</del>		SW 33	14	22	マ	٥
	Her O.Y	Cann	*		TRUCK#	DRIVER	TRUCK#	DRIV	
MAILING ADDRESS O. T Corp					506	FREMAD	Sater		ER
P.O. Box 21614				495	HARBEC	DB	Var		
CITY		STATE	ZIP CODE		505/7106	CASHEN	CK	<b>—</b>	
OKIOL	ma Cy	OK	73		503	KEIDET	KD		
JOB TYPE_PI	US	HOLE SIZE		HOLE DEPTH	\$75	CASING SIZE & 1			
CASING DEPTH		DRILL PIPE	. / "	TUBING TO	875	ONOMIN SIZE &	OTHER		
SLURRY WEIGH	SLURRY WEIGHT SLURRY VOL		WATER gel/ek CEMENT LEFT in CASING						
DISPLACEMENTDISPLACEMENT PSI		MEX PSI RATE							
REMARKS: E	stablish	pomp r	_	realading	¥ 1, 10.2	1'-tubine	Mixx	P.	
25 8	KS Por 1		ment I			a stace	Pull 1"	1040	
	bine.	Tox Off	Well	w/ Cami		SKE	<del>/ V / / /</del>		
	<u> </u>	,		-"		***************************************			
			30s4	& Toxal			······································	***************************************	
				<u> </u>		,		, , , , , , , , , , , , , , , , , , ,	
		:		l					
				_		10	Marlen		
		· · · · · · · · · · · · · · · · · · ·							
ACCOUNT		1	····				į,		
CODE	QUANITY	or UNITS		ESCRIPTION of S	ERVICES or PR	DOUCT	UNIT PRICE	тоти	ı
5405N			PUMP CHAR	GE Plu to	Abandon	495	¥.	975	200
5406		Pami!	MILEAGE	0		495		120	00
540 7	Minim	m	Ton V	niles		503		:330	+0
5501C	1	z hr		sput		505/7106		168	39
								2 6 8	
						· · · · · · · · · · · · · · · · · · ·			
1/24	30	SKS	50/50	An mix (	ensel	<u> </u>	***************************************	313	30
11188	<u>51</u>	<b>*</b>	Prem					10	20
						· · · · · · · · · · · · · · · · · · ·	·		
							***************************************		<b></b>
						10%			
						WU			<b></b>
					100		······································		$\vdash$
	+				TCNI				$\vdash$
					$\mathcal{X}$				
								,	<b></b>
evin 3737						7.525%	SALES TAX	24	<u>56</u>
	$\sim$	$\sim$					ESTIMATED		06
UTHORIZTION_	( Jose	Mure		TITLE			TOTAL	1941	
acknowleden •				E			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.