

**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

1308586

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	j			
Name:				Spot Description:				
Address 1:					Sec T	wp S. R East West		
Address 2:					Feet from	North / South Line of Section		
City:				Feet from East / West Line of Section				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )					NE NW	SE SW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  Is ACO-1 filed? Yes No If not, is well log attached? Yes No  Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.  Depth to Top: Bottom: T.D.					County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:			
		m:T.D		Plugging C	Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing R	Record (Surfa	ace, Conductor & Produ	ction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us						ds used in introducing 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			_ , SS.					
*					ployee of Operator or	Operator on above-described well,		
	(Print Name)			=	pioyee of Operator of	Operator on above-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.



TICKET NUM	BER_	51277		
LOCATION_	FL	beredo		
FOREMAN	K	i		

	or 800-467-8676		EMENT	OKI	•	ب مرفان
DATE	CUSTOMER#	WELL NAME & NUMBER		TOWNSHIP	RANGE	COUNTY
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CUSTOMER .	*	INSTON # 2	ルトライ	Line and the second		SIN DE INC
AN, 54,0	e of musgre		-5 TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS			322 760.	Chais		
	10x 391		E 611	Jurany		
CITY	STATE		125 )25	I rzz 4		•
PONCAC	THY OR	LA 74602 U	ואנט	1 .	-	
i i i i i i i i i i i i i i i i i i i	HOLE		LE DEPTH	CASING SIZE & V	WEIGHT 5 11.	2
CASING DEPTH	6(9" DRILL	PIPETUI	BING_23/8	-	OTHER	,
SLURRY WEIGH	T SLURF	Y VOL WA	TER gal/sk	CEMENT LEFT IN	CASING	
DISPLACEMENT	DISPL	ACEMENT PSI MIX	(·PSI	RATE	•	
REMARKS: 5	ibsom y talk	ng on Sams 4	well Solvice	Ricub	and ld	The
4 CASIA	5 w/2 BBL	my 255 KS Ct	ment @ 600'	C60140000	- 407 0	39000
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ACCOUNT				**	4 61	ا نین چہ ا
CODE	QUANITY or UNIT	S DESCR	IPTION of SERVICES or PR	ODUCT §	UNIT, PRICE	TOTAL
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lavin 3737					ESTIMATED	
					TOTAL	
AUTHORIZTION_	Hay ()	TITL	EDred. Supt	-	DATE 6-1-	15

l 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.