

**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

1317288

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          | API No.     | 15                         |   |
|---|-------------------------------|-------------------|------------|-------------|----------------------------|---|
| Name:   |                               |                   |            | Spot De     | escription:                |   |
| Address 1:  |                               |                   | -          |             | Sec Tw                     | vp 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          | :<br>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 Cathodi    | lic 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 <b>District</b> Agent's Name)          |
| Depth to  | Top: Botto                    | m: T.D            |            | Pluggin     | a Commenced:               |   |
| Depth to  | Top: Botto                    | m: T.D            |            |             |                            |   |
| Depth to  | Top: Botto                    | m:T.D             | '          | luggiii     | g completed                |   |
|   |                               |                   |            |             |                            |   |
| Show depth and thickness of                                 | all water, oil and gas forma  | ations.           |            |             |                            |   |
| Oil, Gas or Water   | Records                       |                   | Casing Rec | ord (Su     | urface, Conductor & Produc | 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 #                               | <i>‡</i> :                    |                   | Name:      |             |                            |   |
| Address 1:  |                               |                   | Address 2: |             |                            |   |
| City:   |                               |                   | S          | tate:_      |                            | Zip:+                                       |
| Phone: ( )  |                               |                   |            |             |                            |   |
| Name of Party Responsible fo                                | 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



| TICKET NUMBER_ | 51414    |
|----------------|----------|
| LOCATION 6)    | Domes Oo |
| FOREMAN (T)    | ( )      |

PO Box 884, Chanute, KS 66720

## **FIELD TICKET & TREATMENT REPORT**

|                                       | 01 000-407-807          | <del>-</del>   | CEMEN          | T            |                 |   | 125                        |  |
|---------------------------------------|-------------------------|----------------|----------------|--------------|-----------------|---|----------------------------|--|
| DATE                                  | CUSTOMER#               | WELL NAME & NO | JMBER          | SECTION      | TOWNSHIP        | RANGE                                   | COUNTY                     |  |
| C(-15.16                              | 8511                    | Consta Bala    |                | <i>x 0</i>   | 83              | ′( ≿                                    | Entlock                    |  |
| CUSTOMER                              |                         | ***            |                |              |                 |   |                            |  |
| Open                                  | <u>/27:/\ (^</u><br>≣SS | 1 (5)          |                | TRUCK#       | DRIVER          | TRUCK#                                  | DRIVER                     |  |
| MAILING ADDRE                         | ESS                     | ,              |                | 603          | " Craces        |   |                            |  |
| Noo w                                 | Alex Clare              | STATE ZIP CODE |                | (01)         | Secol           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                            |  |
| CITY                                  | -                       | STATE ZIP CODE | ··             | 690          |                 |   |                            |  |
| w, oh                                 | A A                     | Fr. 67).00     | les .          |              | MARK            | LL                                      |                            |  |
| JOB TYPE <u></u> & ∪                  | es P                    | HOLE SIZE      | <br>HOLE DEPTH |              | CASING SIZE & W | EIGHT 57                                | <i>)</i>                   |  |
| CASING DEPTHSLURRY WEIGHTDISPLACEMENT |                         | DRILL PIPE     | 4              |              | OTHER           |   |                            |  |
|                                       |                         | SLURRY VOL     | _ WATER gal/s  | WATER gal/sk |                 | CEMENT LEFT in CASING                   |                            |  |
|                                       |                         |                |                |              |                 |   |                            |  |
| REMARKS:                              |                         | Langer Simular |                |              |                 | a w. 0 e ( e                            | 4 A.                       |  |
| Own Lie                               | M. A Da                 | + They c.      | ca. Who        | 175 < 00     | Chare 6         | ) 18 Jane 1                             | 11 /00 7 1100              |  |
| wort h                                | 5 ( 5 , Tr              | My all miller  | M. 17 =        |              | - 38.63 1 (5)   | 3 14 6                                  | Carlot State March Control |  |
| N /                                   |                         | 2 (1) 2000     | A              | 7            | 17 17 N         | . < " }                                 |                            |  |
|                                       | N. 14 1 2000            | 5              | HANGE KALE     | ¥ .          |                 |   |                            |  |
|                                       |                         |                |                |              |                 |   |                            |  |
|                                       |                         |                |                |              |                 |   |                            |  |
|                                       |                         |                |                |              |                 |   |                            |  |
|                                       |                         |                |                | -17          | ote Russ        | C 1 C 1                                 |                            |  |
|                                       |                         |                | 1000           | f v v Pop    |                 | 3 7 7 7                                 |                            |  |

| QUANITY or UNITS | DESCRIPTION of SERVICES or PRODUCT  | UNIT PRICE   | TOTAL  |
|------------------|---|--|--|
|                  | PUMP CHARGE   | 15000  | (S@&***  |
| 200              | MILEAGE   |  | 14(2 55  |
| 3.5400           | Townstray believery   | 1000   | 1500   |
| 3                |   |  | 3000   |
| 2,000            | Color Conglete  | , 000,   | 6000   |
| 715519           | 60 (40 Nos 4000)  | 10 70  | 17/2300  |
| 2,000            | Calcium Chlaride  | ( 24   | 100  |
| 26**             |   | 2.25   | 500  |
| (08) th          | Collorsand Kills  | ,50  | 5-00   |
|                  | 1,183720.2  |  | 1163 <sup>(22)</sup>   |
|                  | le satise   | Straff.  | 187332   |
|                  | 304 (A)   |  | 2,239 63   |
|                  |   |  | 1  |
|                  | TITLE (1)   | SALES TAX ESTIMATED TOTAL  | ERMINE ALL AND THE PROPERTY OF |
|                  | 25 to | PUMP CHARGE  MILEAGE  35 Jan Town Charles School Colored  260 BB1 Das Truck  260 Colored Charles  25 Folg Charles  1600 Colored Kalls  Colored Kalls  Colored Kalls  Colored Kalls | PUMP CHARGE  3.6 MILEAGE  3.5 Nor Township of believely books and the believely believely books and the believely believely books and the believely bo |

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.



| TICKET NUMBER | 51416     |
|---------------|-----------|
| LOCATION 6. 6 | , bornder |
| FOREMAN ( )   | 276       |

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

## FIELD TICKET & TREATMENT REPORT

| *************************************** | UI 000-407-007       | 0                | CEMEN           | I        |                       |                       | (23      |
|---|----------------------|------------------|-----------------|----------|-----------------------|-----------------------|----------|
| DATE                                    | CUSTOMER#            | WELL NAME & NU   | IMBER           | SECTION  | TOWNSHIP              | RANGE                 | COUNTY   |
| 9.16-16                                 | 836                  | ラベンベル おっ         | les             | 20       | 73                    | 40                    | 80410B   |
| CUSTOMER                                |                      |                  |                 |          |                       |                       |          |
| 1) 035 0 11 6003                        |                      |                  |                 | TRUCK#   | DRIVER                | TRUCK#                | DRIVER   |
| MAILING ADDRE                           |                      | ,                |                 | 603      | Tracy                 |                       |          |
| 1700 L                                  | 14 Lorgiou           | A bldg 500       |                 | 713      | 75 0.0                | 1                     |          |
| CITY                                    |                      | STATE ZIP CODE   |                 | 673      | 1200                  |                       | 1        |
| (1),04                                  | Links Or.            | Es 61120         | 9               | 725      | ( wy ) ( )            |                       |          |
| JOB TYPE <u>(</u>                       | 10012                | HOLE SIZE        | HOLE DEPTH      |          | CASING SIZE & V       | VEIGHT <u>5 (1</u> 5. | 271-1031 |
| CASING DEPTH DRILL PIPE                 |                      | DRILL PIPE       | TUBING 2318     |          | OTHER                 |                       |          |
| SLURRY WEIGHT ;                         |                      | SLURRY VOL       | OL WATER gal/sk |          | CEMENT LEFT in CASING |                       |          |
| DISPLACEMENT DISPLACEMENT               |                      | DISPLACEMENT PSI | MIX PSI         |          | RATE                  |                       |          |
| REMARKS: 😞 🛭                            | 5 1 1 1 1 1 1 2 Post | 24. W. O. S. W.  |                 |          |                       | Bana de               | į        |
|   |                      | Nation My        |                 |          |                       |                       |          |
| 1/2( 1) Pa                              | ol, Clas             | e. C. 11 51/2 2  | WENT A          | NA BOT   | iche waln             | 10000 700             | ct 00 P  |
| 103/4 .                                 | Water                | ny to come       | + 6 die         | 100 GUS  | 1. 3 C                | ~ `\ \                | 110006   |
| Erasos &                                | C-07()               |                  | 5               |          | 3.13                  | 7                     | 1        |
|   |                      |                  | *               |          |                       |                       |          |
| William -                               | Linek                | back sugar       | 177585          | <u> </u> | 17 8117               | s Poss                | Cr 16.   |
|   |                      |                  |                 |          |                       | 6000                  |          |
|   |                      |                  |                 |          |                       |                       |          |

| ACCOUNT<br>CODE | QUANITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE         | TOTAL              |
|-----------------|------------------|------------------------------------|--------------------|--------------------|
| 16000           | \                | PUMP CHARGE                        | 1500°              | (500°00            |
| 160003          | ).0              | MILEAGE                            | 7 15               | W/K                |
| 660m            | Tillon           | Townilar Delivery (mix)            | 660'               | 660 8              |
| cc587-7         | UNR OKC          | Lattoras (Opene)                   | 1600               | 2848 <sup>28</sup> |
| 220325          | 3086             | Columna Chloride                   | -329               | 2000               |
| 1.6.6075        | 50*              | Bala State                         | ) 0°               | 100 15             |
| 6160853         | 66 185           | 30 VX                              | 1000               | 41000              |
| 2166169         | 2,00,0000,000    | Collegator                         | .02                | 6000               |
|                 |                  | soutetal                           |                    | 5868 °             |
|                 |                  | Buseough                           |                    | 2640 9             |
|                 |                  | 50418/41                           |                    | 3227 4             |
|                 |                  |                                    |                    |                    |
|                 |                  |                                    | SALES TAX          |                    |
| avin 3737       | 77 7             |                                    | ESTIMATED<br>TOTAL |                    |

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