

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

1317709

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:				Spot Description:				
Address 1:				SecTwp S. R East West				
				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW				
City:	State:	Zip:+						
Contact Person:			Foota					
Phone: ()								
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathoo	dic					
Water Supply Well	Other:	SWD Permit #:		County:				
ENHR Permit #:		Storage Permit #:		Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (KCC District Agent's Name)				
Is ACO-1 filed? Yes		vell log attached? Yes	¬ Date					
Producing Formation(s): List	<u></u>		_ '''``					
Depth	•	ottom: T.D						
Depth	•	ottom: T.D	Plugg	ging Commenced:				
Depth	•	ottom: T.D	I Pluad	ging Completed:				
Show depth and thickness of	all water, oil and gas for	mations.						
Oil, Gas or Wate			Casing Record	(Surface, Conductor & Prod	duction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
Tomicalon	Contoni	Odding	0.20	County Doput	T uned out			
	•	igged, indicating where the muc of same depth placed from (bo	•		ods used in introducing	jit into the hole. If		
Plugging Contractor License	Name:							
Address 1:			Address 2:					
City:			State	:	Zip:	+		
Phone: ()								
Name of Party Responsible f	or Plugging Fees:							
State of	Count	у,	, SS.					
				Employee of Operator o	or Operator on aba	ove-described well,		
(Print Name)				Employee of Operator o	Derator on abo	ve-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

Dispatch (316) 522-4949 El Dorado (316) 320-5000 Office (316) 522-8454



PLANT	TIONETTONE								
D	TICKET TIME	DATE	ORDER #	TRUCK	DRIVER	THERE			
	18:21PM	MG/00/40	2 45 54	Market Contract	DillyEll	TIME DUE		TICKET#	
and the latest terminal to the latest terminal t	1	60150110	1746	Ø 547	MIKEL	Ch. 4			
		CUSTOMERS INFO	STATE OF THE PARTY OF THE PARTY.	STATE OF THE PARTY			104Fm	4010202	
CA	SH SALE				D	ELIVERY ADDRESS	INSTRUCTIONS		
		000000		GO S	OUTH WEST	SIDE PED	PATE	THE RESERVE TO SHARE THE PARTY OF THE PARTY	
	DELIVERY	ADDRESS				The state of the Late of the L	OHIL		

DELIVERY ADDRESS

S.E. MUNSON HILL & 60TH - BUTLER

PURCHASE OF	Y	PROJECT#	PROJECT DES EASTERN DESCRIPT	W KANSAS VAR		PREV TRUCK #	SLUMP 9.00	USAGE
5, 1	00yd 00ea	JY2500 FS	SLURRY WELL FUEL SURCHA	MIX	ORDERED 5.00	DELIVERED 5.00	UNIT PRICE	AMOUNT 850.00
LEAVE P	LANT	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT	SUBTOTAL TAX		865.00
CAUTION:	AVOID CONTA WITH WATER. PEATEDLY WI KEEP OUT O	IF ANY CONCRETE MIX TH WATER AND GET PRO F REACH OF CHILD NLOADING TIME	Y CAUSE SKIN IRRITATION OSSIBLE AND WASH EXPOS TURES GET INTO EYES, RIN OMPT MEDICAL ATTENTION. REN • SEE REVERSES	ED SKIN AREAS PROMPTLY NSE IMMEDIATELY AND RE- TIDE FOR MSDS SHEET	OUT SIDE TEMP.	OTHER CHARGES ADDITIONAL TAX		923.39
	· IN CONSIL REQUEST, CUS DRIVEWAYS B	DERATION OF OUR MAI	KING DELIVERY ACROSS THE RESPONSIBLE FOR ALL DAM	E STREET CURB, AT YOUR	WATER ADDED ON JOB AT REQUEST OF CONSIGNEE	GRAND TOTAL GALS. WATER INT.	GALS, WATER INT,	GALS. WATER
PORTANT:	PURCHASER A	SSUMES FULL RESPONS	BIBILITY FOR STRENGTH, SLU RIALS ARE ADDED ON THE J	JMP AND QUALITY OF CON- OB SITE AT THE REQUEST	TEST TAKEN	SLUMP / AIR /	CYLS. PERA	
PURCHASER WITH THE A	R S SIGNATURE	HIS AGENT, OR HIS EM	PLOYEE'S SIGNATURE CON	NSTITUTES AN AGREEMENT	DRIVER REMARKS:			

400045264

MATERIAL SAFETY DATA SHEET

	TVIVI E I III I E	
/ Only	(Applicable Data Provided for Each Section)	
(Uni	y Applicable Data Provided for Each Section)	
SECTION I	Emergency/Telephone Number, See Reverse Side Trade Names	
Manufacturer is Name. Concrete Materials Company.	Trade Names	710
Address See Reverse Side	- Con Company (Con Sing (company (Col) (Col) (Cl) (Cl) (Cl)	
	4Cao A1203 (cement), Caso4 2H2O, Traces Cao, MgO, K2SO4, Na 2SO4	
Chemical Family:	ac of haveyalent chromium	
Chemical Family. SECTION II - HAZARDOUS INGREDIENTS, Cement and possible trac	ACS OF HONOR	
SECTION III- PHYSICAL DATA	Solubility in Water: 0.1 to 1.0%	
Specific Gravity 1.9 to 2.4		
Appearance and Odor Gray, plastic flowable granular mud odorless	10	
SECTION IV. FIRE AND EXPLOSION HAZARD DATA: N.A. all section		
SECTION V - HEALTH HAZARD DATA	Dry skin and possible alkali burns (cement dermatitis).	
TIV None Effects of Overexposure:	Also possible traces of hexavalent chromium.	
TLV. None Effects of Overexposure:	n affected areas of the body with soap and water.	
SECTION VI - REACTIVITY DATA Unstable	Product sets and hardens in 2 to 8 hours, and the sets and hardens in 2 to 8 hours,	
Conditions to A	vold. and is no longer hazardous	
Stability X Hazardous	Will Not Occur	
Polymerization	X	
AND		
The state of the s	not increase hazard.	
Waste Dispusal Method Once hardened material carries dispusally	r as common waste.	
	Yes, when placement methods cause splashing.	
Use partier cre	ams, gloves, boots, and clothing to protect skin	
Other Protective Equipment: from prolonged	contact with plastic concrete.	
SECTION IX - SPECIAL PRECAUTIONS		
	to the same and water	
Precautions to be Taken in Handling and Storage, see allow- Other Precautions, immediately after working with concrete, workers	should shower war soap and motor.	

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