

**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

1322213

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	5			
Name:					ription:			
Address 1:					Sec 7	wp S. R	East West	
Address 2:					Feet from	North / S	outh Line of Section	
City:	State:	Zip: +			Feet from	East / W	lest Line of Section	
Contact Person:				Footages	Calculated from Near	est Outside Section	Corner:	
Phone: ( )					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Catho	dic	County:				
Water Supply Well	Other:	SWD Permit #:		•	me:			
ENHR Permit #:	Gas Sto	orage Permit #:			Completed:			
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes	No		ing proposal was app			
Producing Formation(s): List	All (If needed attach anothe	r sheet)						
Depth to	o Top: Botto	om: T.D						
Depth to	o Top: Botto	om: T.D			Commenced: Completed:			
Depth t	o Top: Botto	om:T.D		Flugging	Completed			
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Wate	r Records		Casing	g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to	(top) for eacr	n plug set.			
Plugging Contractor License								
Address 1:								
City:				_ State:		Zip:	+	
Phone: ( )				_				
Name of Party Responsible for	or Plugging Fees:							
State of	County,			, ss.				
					plovee of Operator or	Operator on a	hove-described wall	

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.

(Print Name)



TICKET NUMBER	51878
LOCATION 180	
FOREMAN Jacob	Strem

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

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
11-11-16	8511	molar	#	34				Butler
CUSTOMER								
VE55 6	2				TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS				603	Train		
1700 Wa	tertions	Parkway	13/12/500		611	Jerainy		
CITY		STATE	ZIP CODE		692	mark		
		KS			792577	Jacob		
JOB TYPE Dlan		HOLE SIZE		HOLE DEPTH		CASING SIZE & W	EIGHT_5//2	
CASING DEPTH DRILL PIPE			TUBING 23	OTHER				
SLURRY WEIGHT SLURRY VOL WATER		WATER gal/sl	sk CEMENT LEFT in CASING					
DISPLACEMENT PSI MIX PS			MIX PSI	0	RATE			
REMARKS: 5	REMARKS: Softy Meating Run tubing to 2434 flash hole mix							
75 SKS	COMO	002 41	Gel 32	cc Ju	IL 100 The	Hulls Da	11 takin	a tac
at 1720	() P	Eshair	test 1	10 250	asi Heli	d Don	Run	2,49 4
12 bloc in	Lucex	bele w	ole wit	405	Re 60/110	RUZ 41/00	1 2/100	P411
115-2	to0 0.11	c Hh	10 skes			1 5		

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
E0451		PUMP CHARGE	1900.00	1900.00
E0002	3	MILEAGE	7.15	NIC
E0711		min buthe delivery	660,00	660.00
65829	125	60140 002 4/gel	16,00	2000, a
65325	300	calcum chloride	1.25	375,00
C6080	100	Cotton Seed Hulls	,50	50.00
VE0851	5	80 Vac	100.00	500,00
C6159	5000	city water	102	100,00
			Smildal	5585,00
				2513.2
			total	3071.75
			SALES TAX	
vin 3737	11-		ESTIMATED TOTAL	
AUTHORIZTION		TITLE	_ 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.