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** 

1322861

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

| OPERATOR: License #:   | API No. 15   |
|--|--|
| Name:  | Spot Description:  |
| Address 1:   | Sec Twp 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:  | 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 #:  SWD Permit #:  If Not, is well log attached?  Yes  No    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet) | County: Well #:<br>Lease Name: Well #:<br>Date Well Completed:<br>The plugging proposal was approved on: (Date)<br>by: (KCC District Agent's Name)<br>Plugging Commenced:<br>Plugging Completed: |
| Depth to Top: Bottom: T.D  |  |

Show depth and thickness of all water, oil and gas formations.

| Oil, Gas or Water Records |         | Casing Record (Surface, Conductor & Production) |      |               |            |
|---------------------------|---------|---|------|---------------|------------|
| Formation                 | Content | Casing  | Size | Setting Depth | Pulled Out |
|                           |         |   |      |               |            |
|                           |         |   |      |               |            |
|                           |         |   |      |               |            |
|                           |         |   |      |               |            |

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

| Plugging Contractor License #:               | Name:   |
|--|---|
| Address 1:                                   | Address 2:  |
| City:  | State: Zip: +   |
| Phone: ( )                                   |   |
| Name of Party Responsible for Plugging Fees: |   |
| State of County,                             | , SS.   |
| (Print Name)                                 | Employee of Operator or 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 | NUMBER | 50 | 3 | 4 | 0 |
|--------|--------|----|---|---|---|
|        |        |    |   |   |   |

LOCATION Offama KS FOREMAN Fred Mader

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

## FIELD TICKET & TREATMENT REPORT

| 020-431-3210  | 01 000-407-0070 | ,                        |          | CEMEN      | . 1      |                 |                                       |                                       |
|---------------|-----------------|--------------------------|----------|------------|----------|-----------------|---------------------------------------|---------------------------------------|
| DATE          | CUSTOMER #      | WELL NAME & NUMBER       |          | BER        | SECTION  | TOWNSHIP        | RANGE                                 | COUNTY                                |
| 11-21-16      | 1601            | South                    | 60xdrus. | #9A        | NE       | 14              | 22                                    | To                                    |
| CUSTOMER      |                 |                          |          |            |          |                 |                                       |                                       |
| Bra           | dley oil        | Compo                    | 11.11    |            | TRUCK #  | DRIVER          | TRUCK #                               | DRIVER                                |
| MAILING ADDRI | ESS l           |                          | Ø-       |            | 712      | Freud           |                                       |                                       |
| P. O.         | Box 21          | 614                      |          |            | 455      | HarBac          |                                       |                                       |
| CITY          |                 | STATE                    | ZIP CODE |            | 675      | We Dat          |                                       |                                       |
| OKlaho        | ua Cita         | OK                       | 73156    |            | 570      | mikHaa          |                                       |                                       |
| JOB TYPE      |                 | HOLE SIZE                |          |            | н        | CASING SIZE & W | EIGHT 2K                              |                                       |
| CASING DEPTH  | 1 <u>675'</u>   | DRILL PIPE               | <u> </u> |            | 0 70     |                 | OTHER                                 |                                       |
| SLURRY WEIGI  | нт              | SLURRY VOL               |          | WATER gal/ | sk       | CEMENT LEFT in  | CASING FU                             | ц                                     |
|               | T_N/A_          | DISPLACEMENT PSI MIX PSI |          |            |          |                 |                                       |                                       |
| REMARKS: A    | old Safe        | to meet                  | Nu. Ric  | 1 au       | 1" tubne | to TD.          | Fill                                  | · · · · · · · · · · · · · · · · · · · |
| tos           |                 |                          |          | PUM 1"     | tolong.  | Topoffy         | ice al C                              | ment                                  |
| She           | 1 m Wall        | Castre                   |          |            | P        |                 | · · · · · · · · · · · · · · · · · · · |                                       |
|               |                 |                          |          |            |          |                 |                                       |                                       |
|               |                 |                          |          |            |          |                 |                                       |                                       |

NCC Rep: Taylor Herman

Level Mader

| ACCOUNT<br>CODE | QUANITY or UNITS | DESCRIPTION of SERVICES or PRODUCT            | UNIT PRICE | TOTAL    |
|-----------------|------------------|---|------------|----------|
| CE0450          |                  | PUMP CHARGE 195                               |            |          |
| (EDOOR          | 25 mi            | MILEAGE 456                                   | 17825      |          |
| CEOQU           | "A Mintonion     | Ton Miles Delivery 51<br>80 BBL Vac Truck 673 |            |          |
| WE0853          | Inr              | 80 BBL Vac Truck 673                          |            |          |
|                 |                  | Sub Jotal                                     | 194375     |          |
|                 |                  | Less 65 7 .                                   | - 1263,44  | 680,31   |
|                 |                  |   |            |          |
| CE5840          | 25 6KI           | Par Bland I A Commit                          | 33750      |          |
| CE 5765         | RS SKI           | Por Bland I A Commit<br>Bantonite Cul.        | 2580       |          |
|                 |                  | 546   | 375-30     | <u> </u> |
|                 | ·                | hess 65%                                      | - 243.75   | 131.35   |
|                 |                  |   | <u> </u>   |          |
|                 |                  |   |            |          |
|                 |                  |   |            |          |
|                 |                  |   |            |          |
|                 |                  |   | ÷          |          |
|                 |                  | 7.725%  | SALES TAX  | 10,15    |
| Ravin 3737      | <u> </u>         |   | ESTIMATED  | 821,81   |
| AUTHORIZTION    | ( be the         | TITLE   | DATE       | (234809) |

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.