

**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

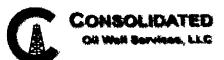
## 1322863

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			
Name:	Spot Description:			
Address 1:	Sec Twp S. R East Wes			
Address 2:				
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 #:	County.			
ENHR Permit #: Gas Storage Permit #:	Lease Name: Well #:			
	Date Well Completed:			
Producing Formation(s): List All (If needed attach another sheet)	by:(KCC District Agent's Name			
Depth to Top: Bottom: T.D				
Depth to Top: Bottom: T.D	Plugging Commenced:			
Depth to Top: Bottom: T.D	Plugging Completed:			
Dottom: 1.B	_			
Show depth and thickness of all water, oil and gas formations.	<u> </u>			
	Continue Page and (Conference Operation to the Page distribution)			
	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 floement or other plugs were used, state the character of same depth placed from (botto	·			
Plugging Contractor License #: N	Name:			
Address 1: A	Address 2:			
City:	State:			
Phone: ( )				
Name of Party Responsible for Plugging Fees:				
State of County,	, \$S.			
•				
(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.



LOCATION & Hause KS
FOREMAN Fred Wader

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8678

## FIELD TICKET & TREATMENT REPORT

20-431-9210 o	r 800-467-8676			CEMEN				
DATE	CUSTOMER#	WELL	NAME & NUME	ER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-16 CUSTOMER	1601	Schmio	1+ # 2	Α	3W 5	15	22	NO.
CUSTOMER	// ^~	<del>-</del>			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS of Oil	Con			712	FreWad	HOOKE	Bott vi V bast v
f. O. A		t. est			495	Harbox		
CITY	JONE VI	STATE	ZIP CODE		675	Ki Day		
Oklahon	Ca	DK	73156		510	Mil- Nac	····	
Λ		HOLE SIZE_	, J. J. V.	HOLE DEPTH		CASING SIZE & W	EIGHT 274	E o_F
CASING DEPTH	7	DRILL PIPE	1."	TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL_		WATER gal/s	π.	CEMENT LEFT In	W-V	
DISPLACEMENT		DISPLACEMENT	T PSI	MIX PSI		RATE / 13	PM	
REMARKS: /					" Kubihe 3	O TO. F		Huca
	·		TULMO.					_
V		Wesh .	* " " T	يه.٧٧ ساك				
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Her A.	pi Taylor	· Harrison		***************************************		Fund V	Male	
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ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PF	RODUCT	UNIT PRICE	TOTAL,
cE0450			PUMP CHARG	E		496	150000	
(E0002			MILEAGE				NC	
reomi	Yy mmin	rum	Ton M	iles De	livery	570	165-00	
WE0853		1 hr	80 BB	iles De	Truck	675	100	
					40b 7	ital	1765 50	
						65% -	1147,25	617,75
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CC5965		26#	Dura	11 72 04		Total	3753	
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						<u> </u>	A 15,15	1010
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						**		
							<u> </u>	
						7,723%	SALES TAX	10.15
Ravin 3737			<u> </u>				ESTIMATED	1
	$\wedge$	Shu		· ·			TOTAL	759,25
AUTHORIZTION	(* )0.	A-Mea.		TITLE			DATE	(2169 B

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