

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

1322865

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. 1	5				
Name:				Spot Description:				
Address 1:				Sec T	wp S. R East Wes			
Address 2:								
City:	State:	Zip:+						
Contact Person:			Footages	Calculated from Neare	est Outside Section Corner:			
Phone: ()				NE NW	SE SW			
Type of Well: (Check one)			ic County: _					
Water Supply Well	Other:	SWD Permit #:	I		Well #:			
ENHR Permit #:	Gas Sto	orage Permit #:	Date Wel	I Completed:				
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	A.		roved on: (Date			
Producing Formation(s): List A		r sheet)	by:		(KCC District Agent's Name			
Depth to	•	m: T.D	l Plugging	Commenced:				
Depth to	o Top: Botto	m: T.D	""					
Depth to	o Top: Botto	m:T.D						
Show depth and thickness of		ations.						
Oil, Gas or Water				g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
cement or other plugs were us	. 00		•		ids used in introducing it into the hole.			
Plugging Contractor License #:			Name:					
Address 1:			Address 2:					
City:			State:		Zin			
			Glate					
Phone: ()					+			
, ,					+			
Phone: () Name of Party Responsible fo	or Plugging Fees:				+			

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 NU!	MBER	50343	
LOCATION	Ottas	va Kis	
FOREMAN	Fred	mader	

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

FIELD TICKET & TREATMENT REPORT

CUSTONES Brack to Cil Co. MALLING ADDRESS D P. D. Boy 21614 STATE STATE STATE ORIGINATE ORIGINATION ORIGINATE OR	620-431- <mark>921</mark> 0 c	or 800-467-8676			CEMEN	<u> </u>			
CUSTONES TO I CO. TRUCKS DENDERS TRUCKS DRIVER TRUCKS DENDERS TR	DATE	CUSTOMER#	WEL	L NAME & NUME	ER	SECTION	TOWNSHIP	RANGE	COUNTY
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l acknowledge that the psyment 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.