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**

1322866

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: 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) Depth to Top: Bottom: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Deptil to top Bottom: I.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 50342

LOCATION Oxtawa KS FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-16	1601	Sala #	= 5-7		SW RB	14	22	50
CUSTOMER					an an an Argentian a th			
B.	radles C	il Co			TRUCK #	, DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS 👉				712	FreMad		
D	0. Bory	21614			495	Har Bec		
CITY	<u> </u>	STATE	ZIP CODE		675	Kei Day		
DELONO	ma City	OK	73156		510	MikHaa		
JOB TYPE	PIUS U	HOLE SIZE		HOLE DEPTH		CASING SIZE & W	EIGHT_278	EVE
CASING DEPTH	1875		<u> </u>	_TUBING_	1 Th.		OTHER	
SLURRY WEIGI	нт	SLURRY VOL_		WATER gal/s	k	CEMENT LEFT In		4
DISPLACEMENT $\frac{p'/A}{DISPLACEMENT PSI}$ MIX PSI RATE $13pm$								
REMARKS: Mold Sator mutire. Rig ran 1" tubing to 550', Filled								
+0 5	to Surface wit Comment. But 1" Tubing. Top off well							
w/Cen	mid, Ri	1 1	23	Las.m.		tere 10 c	schra sa	cks
é e m	end to to	twee.	Presque	e Kod	500 191	. shurin	- well	asily/
								ď
				,,A,A				
								······································

and Maker KCC Rep: Taylor Herman. \sim

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRIČE	TOTAL
CEOYSO)	PUMP CHARGE	15 1500 00	
(E0002		MILEAGE	NE	
CEOTIL	14 Minimum	Ton Miles Delivery 5	1659	
WE 0853	Inr	80 BBL Vac Truck to 6	75 10000	
		Sub Torbel	1765-	
		Leos 6570	-1147.25	617,75
	ana ya na sa ana ana ana ana ana ana ana ana			
EL5840	30,545	Por Bland I & Comet	405	
CC 5865	151#	B-caton. te Gel	45-30	
	.	Sub Total	4502	
		1ess 650	2-292,70	157.60
			SALES TAX	12.17
Ravin 3737	\wedge		ESTIMATED TOTAL	787.52
AUTHORIZTION	Jae Shyre	TITLE	DATE	2250 -1)

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