



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1326416
OIL & GAS CONSERVATION DIVISION

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 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. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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.

Submitted Electronically

6583/6488

TICKET NUMBER 51554
 LOCATION Oakley, Ks
 FOREMAN Jerry

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 808517 Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-16	6308	Harms #3	1	14S	52W	Logan
CUSTOMER		Pioneer Resources		Oakley		
ADDRESS		Windmill Drive		St. Lawrence		
CITY		Phillipsburg		E to 10		
STATE		Ks		S 1 mile		
ZIP CODE		67661		W into		
TYPE		Plug		TRUCK #		
HOLE SIZE		7 7/8		DRIVER		
DRILL PIPE		4 1/2		TRUCK #		
SLURRY VOL				DRIVER		
DISPLACEMENT PSI						
MIX PSI						

MARKS: Safety meeting & rig up on WLD plugs ordered with 240 sks
Lite blend II 1/4" flo seal
50 sks @ 2425'
100 sks @ 1400'
50 sks @ 300'
10 sks @ 40' with 8 5/8 wooden plug
30 sks Rat hole

Thank you
 Jerry & Crew

COUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
2451	1	PUMP CHARGE		
002	20	MILEAGE	1900 ⁰⁰	1900 ⁰⁰
711	10.32	ton mileage del. surch (min)	7 ⁹	143 ⁰⁰
5829	240 sks	Lite blend II	660 ⁰⁰	660 ⁰⁰
0075	60 #	flo seal	1600	3840 ⁰⁰
2228	1	8 5/8 wooden plug	30 ⁰⁰	180 ⁰⁰
			165 ⁰⁰	165 ⁰⁰
			subtotal	6888 ⁰⁰
			-45 ⁸	3099 ⁶⁰
			subtotal	3788 ⁴⁰
			SALES TAX	184.14
			ESTIMATED TOTAL	\$3972.54

LOCATION Area 9/16 TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's records, at our office, and conditions of service on the back of this form are in effect for services identified on this form