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

1356190

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

Spot Description: Spot	OPERATOR: License #:			AF	¹l No. 15	5					
State Zip Feet from North / South Line of Section Street Feet from Street From Stree											
City:	Address 1:			_		Sec Tv	vp S. R.		West		
Contact Person:	Address 2:			_		Feet from	North /	South Line of	Section		
Phone (City: State: Zip: + Contact Person:										
Type of Wellt; (Check one)											
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ()					NE NW	SE S	W			
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv.						
ENIR Permit #:	Water Supply Well	Other:	SWD Permit #:								
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:								
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes			•					
Depth to Top:	Producing Formation(s): List /	All (If needed attach anothe	r sheet)	by	:		(K	CC District Agent	's Name)		
Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Depth Pulled Out 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 zeroent 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: Zip: +	Depth to	o Top: Botto	om: T.D								
Show depth and thickness of all water, oil and gas formations. Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Name: Name of Party Responsible for Plugging Fees: State of County, , ss.	Depth to	o Top: Botto	om: T.D								
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Formation Content Casing Size Setting Depth Pulled Out	Show depth and thickness of	all water, oil and gas form	ations.								
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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #:	Oil, Gas or Wate	r Records		Casing Reco	rd (Surfa	ace, Conductor & Produc	ction)				
Plugging Contractor License #: Name:	Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Plugging Contractor License #: Name:											
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Address 1: Address 2:	cement or other plugs were u	sed, state the character of	same depth placed from (bot	itom), to (top)	or each	n plug set.					
City:	Plugging Contractor License #: Name										
Phone: ()	Address 1:			Address 2: _							
Name of Party Responsible for Plugging Fees:	City:			Sta	ate:		Zip:	+			
State of, ss.	Phone: ()										
	Name of Party Responsible for	or Plugging Fees:									
	State of	County, _		, , s	S.						
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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 APJ # 15.035-20835.00 LOCATION_ FOREMAN FUZZ

REPORT

PO Box 884, Chanute, KS 66720	FIELD TICKET & TREATMENT
320-431-0210 or 900-467-9676	CEMENT

DATE -**CUSTOMER#** WELL NAME & NUMBER SECTION TOWNSHIP RANGE 1098 8 5-25-17 Sheneman = 3 3≥ Cowbe CUSTOMER Anistine & Muserous TRUCK# DRIVER TRUCK# DRIVER MAILING ADDRESS 602 WALRY P.O. SOX_ 692 STATE ZIP CODE 681 OKLA 74602 725 CASING SIZE & WEIGHT 4//2 JOB TYPE HOLE SIZE HOLE DEPTH TUBING 23/8 CASING DEPTH OTHER (786 @ 30)0' DRILL PIPE_ **SLURRY WEIGHT** SLURRY VOL WATER gal/sk____ CEMENT LEFT in CASING_ DISPLACEMENT DISPLACEMENT PSI MIX PSI acop and blue as and establish einculation. 60140 DOC 29000 350' VO EUN (18 Ston CASING And Thanks Fuzza + <1+40

ACCOUNT - CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Ct0450		PUMP CHARGE	150000	150000
160002	50	MILEAGE	715	357 50
160711	71840N	Tou miliage Delivery	175	677 25
D £0853	4 hes	80 BBL UAC Truck	10000	40000
WC6159	3000	City water	,03	6000
(65829	180 sks	bolyopes 490sel	1600	2880
CC5325	200#	Calcium Chloride	(2.5	7000
166000	40*	Codonseed hulls	.50	2000
		Subdudal		6144 25
		disrount	45%	2765 13
		Subdotal		337962
		1		
			SALES TAX	
avin 3737			ESTIMATED TOTAL	

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.

TITLE DW &