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

1359261

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

Address 1:	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:			Footage	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW				
Phone: ()								
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodic	County.					
Water Supply Well	Other:	SWD Permit #:						
ENHR Permit #:	Gas Sto	orage Permit #:		Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)				
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes						
Producing Formation(s): List	All (If needed attach anothe	r sheet)			(KCC Distr			
Depth	to Top: Botto	om: T.D			·			
Depth	to Top: Botto	om: T.D	""					
Depth	to Top: Botto	om:T.D		g Completed				
Show depth and thickness of	f all water, oil and gas form	ations.						
Oil, Gas or Wate	er Records		Casing Record (Sเ	ırface, Conductor & Produ	uction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		ged, indicating where the mud	•		ods used in introducing i	into the hole. If		
		ged, indicating where the mud f same depth placed from (bott	•		ods used in introducing i	into the hole. If		
cement or other plugs were u	used, state the character o	f same depth placed from (bott	om), to (top) for ea	ich plug set.				
cement or other plugs were u	used, state the character o	f same depth placed from (bott	om), to (top) for ea	ich plug set.				
Plugging Contractor License	used, state the character o	f same depth placed from (bott	om), to (top) for ea	ich plug set.				
Plugging Contractor License Address 1:	#:	f same depth placed from (bott	Name:Address 2:	ich plug set.				
Plugging Contractor License Address 1: City:)	#:	f same depth placed from (bott	Name: Address 2:	ich plug set.	Zip:			
Plugging Contractor License Address 1: City: Phone: ()	#:for Plugging Fees:	f same depth placed from (bott	Name: Address 2: State:	ich plug set.	Zip:			

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)

Acid & Cement

TREATMENT REPORT

			RT
Acid	Stage	No.	10

Date 1517 District Size F. O. No. Bldown Bbi. /Gal. Badown Bbi. /Gal. Bbi. /Gal. Bbi. /Gal. Bbi. /Gal. Bbi. /Gal. Flush Bbi. /Gal. Treated from ft. to ft. No. ft. from ft. to ft. No. ft.					Type Treatment: Amt. Type Fluid Sand Size Pounds of Sant			
Well Name & No. Disclosed Dodge County Canton Field State Flush Bol. (Oak) County Cando State Fleid Bol. (Oak) County Cando State Fleid Bol. (Oak) Treated from ft. to ft. No. ft. Formation Perf. to Actual Volume of Oil (Water to Lond Floile) Line: Size a Wt. Flore a Wt. Flore ft. to ft. No. ft. Commeted: Yea / No. Perforated from ft. to ft. Commeted: Yea / No. Perforated from ft. to ft. Pump Trucks: No. Used: Std. 383 St. Twin Line: Size a Wt. Sevens at ft. Perforated from ft. to ft. Auxiliary Equipment Factor: Set at. Perforated from ft. to ft. Line: Size a Wt. Sevens at ft. Pump Trucks: No. Used: Std. 383 St. Twin Auxiliary Equipment Towns a No. Used: Std. 383 St. Twin Auxiliary Tools Plusyling or Sealing Materials: Type Sch. (Sch. Auxiliary Tools Plusyling or Sealing Materials: Type Sch. (Sch. Auxiliary Tools Line: All Sch. Sch. Auxiliary Tools Treater Fixe Free Sch. (Sch. Auxiliary Tools Treater Fixe Fixe Fixe Fixe Fixe Fixe Fixe Fixe		110 OIL	trict Biles	7. O	D. No. Bbl. /Gal.			
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