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

1360163

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. 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 #: Is ACO-1 filed? 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:
Depth to Top: Bottom:T.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:	Name:					
Address 1:		Address 2:						
City:		State:	Zip:	+				
Phone: ()								
Name of Party Responsible for Pl	ugging Fees:							
State of	County,	, SS.						
	(Print Name)	Employee of Operato	or 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.

FO Box 884,	RE PUMPING LLC Chanute, KS 6672 10 or 800-467-8676	.0	D TICKET	& TREAT	MENT REP	TICKET NUME LOCATION FOREMAN ORT	BER 538 0++awa Fred r 1010+8	11 KS Na Cen 10694:
DATE	CUSTOMER #	WELL	NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
7-6-17	3451	Deela	1 4	3	50 '14 21	25	15	wo
CUSTOMER								
Haa		le un_			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	-55				712	Fre Med	:	
10551	Barkh				467	Kii Car		
CITY		9TATE	ZIP CODE		503	Kei Dat		
overlan	Park	KS						
1		HOLE SIZE		HOLE DEPTH	1520	CASING SIZE & W		2
CASING DEPTH			**	TUBING 40	•	·····	OTHER	
SLURRY WEIGH	IT	SLURRY VOL		WATER gal/si	د	CEMENT LEFT in	CASING FU	<i>l</i> j
DISPLACEMENT	<u> </u>	DISPLACEMENT	PSI	MIX PSI		RATE 1-12	BPM	
REMARKS:	old Sat	ety mu	Xine. 1	Rie run	~ 1" tub	in to The	Spat	20
3K5 (
Pubn	~ to 7	100'. Se	02 Kar	SKS CO	ment e (sell hole	10 250	1
Porth	+1" 406	m to	25	o' Fi	11 40.	Surface		vent
Pull	re mai	nine 1	" ~	ne. To	m #44 1	11 all w/ 1	Contrack.	
Was								
- Fud Maden								
ACCOUNT CODE	QUANITY	or UNITS	DES	CRIPTION of	SERVICES or PR	DUCT	UNIT PRICE	TOTAL

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	CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	CEO450	4 (PUMP CHARGE Plug to Abandon 467	15000	
	CEODOZ	35mi	MILEAGE V 467	250 25	
	CEOTIL	MTN:mon	Ton Milas Dolivery 503	660-	
			SubO Total	2410 25	
			Less 40%		1446 15
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. ^.	CCJEW	1 65slls	Por Alaxod I A Coment	877500	
$\delta \theta$	CC 5965	428#	Bentonite Gel.	1 28 4 4	
			Sub Total	10052	
			Less 40%		60359
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		RATION IN CONTRACTOR IN CONTRACTOR IN	·····		
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
			7.5%	SALES TAX	415-27
i	Ravin 3737	0 11	$\overline{}$	ESTIMATED TOTAL	209476
	AUTHORIZTION	15 de	TITLE	DATE	349199)