

**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

## 1366143

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:				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 Cathod	ic County:				
Water Supply Well		Lease Name: Well #:					
ENHR Permit #:		Date Well Completed:					
s ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List	All (If needed attach anoth	er sheet)	by:		(KCC <b>Di</b> :	strict Agent's Name)	
Depth	to Top: Bot	tom: T.D	Plugging	Commenced:			
Depth	""	Plugging Completed:					
Depth	to Top: Bot	tom:T.D		Completed.			
Show depth and thickness o	f all water, oil and gas forr	nations.					
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Produ		luction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		gged, indicating where the mud of same depth placed from (bot	•		iods used in introducing	g it into the hole. If	
Plugging Contractor License #:  Address 1:							
Address 1:			Address 2:				
City:			State:		Zip:	+	
Phone: ( )							
Name of Party Responsible	for Plugging Fees:						
	00 0						
State of	County,						

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)

ES

RESSURE PUMPING LLC
Box 884, Chanute, K8 66720
20-431-9210 or 800-467-8876

**AUTHORIZTION** 

CONTICKET NUMBER 53867

LOCATION OND MA SECOND STANDERS

FIELD TICKET & TREATMENT REPORT 20-431-9210 or 800-467-8676 CEMENT WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY **CUSTOMER#** DATE PW 5 60 24 28·17 USTOMER DRIVER TRUCK# DRIVER TRUCK # MAILING ADDRES フィス 495 ZIP CODE K6 106761 HOLE DEPTH 900' CASING SIZE & WEIGHT HOLE SIZE OTHER TURNS HE **CASING DEPTH** DRILL PIPE CEMENT LEFT In CASING SLURRY VOL WATER gal/sk **SLURRY WEIGHT** DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE Water Supplied Hall ACCOUNT **UNIT PRICE** TOTAL **DESCRIPTION of SERVICES or PRODUCT** QUANITY or UNITS CODE 7300 10 49. PUMP CHARGE E0430 MILEAGE Miles Dalivar 513 Mirincum グモッブリ SubTak 91500 Bland IA Comed 306 2340 TE 42035 50% كودح 849 7.5% **SALES TAX** ESTIMATED Ravin 3737 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