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

1368604

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 #: No 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.	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: I.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:				
Address 1:		Address 2:				
City:		State:	Zip:	+		
Phone: ()						
Name of Party Responsible for Plu	ugging Fees:					
State of	County,	, SS.				
	(Print Name)	Employee of Opera	ator or 🗌 Operator on a	bove-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.



PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER

CEMENT

VEINERT							
DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
9-26:17	8511	Haskin Jones # 2					Butler
CUSTOMER							
Jess	orl			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ESS			866	Jerenny	1.92	175
1400 1.04	te frent 1	PKUM OLD SOD		446	Brad		
CITY		STATE ZIP CODE		713			
wichte	1	15 67206		681			
JOB TYPE	us B	HOLE SIZE	HOLE DEPTH		CASING SIZE & V	VEIGHT	
CASING DEPTH		DRILL PIPE				OTHER	
SLURRY WEIGH	т	SLURRY VOL	WATER gal/sl		CEMENT LEFT in	CASING	
DISPLACEMENT	·	DISPLACEMENT PSI			RATE		
REMARKS: Safety meeting from tubing to 2472" broke Circulation then sumper							
50 SKS CLASS & Consult buildmented Casive pressured up to 300 ps. held acssure							
tread Convent with wire line @ 2198 shot holes @ 295 hillhorded 5/2							
got Condeta Circulation to Surface pumped 90 SKS 10/40 11% to Surface							
Shut in palve							

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CEOUSI	1	PUMP CHARGE	1900,00	1900,00
CERCO2	25	MILEAGE	1.15	178. 75
CEOSIL	2	min bulk delivery	660.00	1320.00
CCSSOON	50	CLASS A Convent	20.00	1000,00
CC5829	90	6-01-40-49%	16.00	1440.00
CC\$325	200	Calcium Chloride	1. 25	250.00
CC6080	40	Cetton Seed Hulls	.50	20.00
WEO851	4	80 JAC	100.00	410.00
		Subtotal	¥4	6538.50
		D. Lount	45 78	2928.82
		811		
Ravín 3737		Total	SALES TAX	- aut
<	∇		ESTIMATED TOTAL	3549.64
AUTHORIZTION	Amet	TITLE	DATE	A STATE OF

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.