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

1370579

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. 1	5				
Name:			Spot Des	scription:				
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	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	Other: [SWD Permit #:		Lease Name: Well #:				
ENHR Permit #:	Gas S	torage Permit #:						
s ACO-1 filed? Yes	No If not, is w	ell log attached? Yes	1	Date Well Completed: The plugging proposal was approved on:				
Producing Formation(s): List	All (If needed attach anoth	er sheet)	by:		(KCC Di :	strict Agent's Name)		
Depth	to Top: Bot	tom: T.D	Plugging	Commenced:				
Depth	to Top: Bot	tom: T.D	""					
Depth	to Top: Bot	tom:T.D		Completed.				
Show depth and thickness o	f all water, oil and gas forr	nations.						
Oil, Gas or Wate	er Records		Casing Record (Sur	face, Conductor & Prod	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 #: N				me:dress 2:				
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)



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

LOCATION Eldorado 165 FOREMAN Austin

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-25-17	8571	August 4 1	git long	6-456				Butlet	
CUSTOMER				-	the same of the same of				
Dess O					TRUCK #	DRIVER	TRUCK#	DRIVER	
MAILING ADDRE	ESS				866	Plust 1		B-664	
1700 13A	terfood A	KWAY BL			603	+rAcy			
CITY		STATE	ZIP CODE		637	Je tenwirk.			
w.chita		165	67206		491	Bolder			
JOB TYPE Plus IS HOLE SIZE HOLE DEPTH					CASING SIZE & WEIGHT				
CASING DEPTH	CASING DEPTH DRILL PIPE TUBING OTHER								
SLURRY WEIGHT SLURRY VOL WATER gal/s			CEMENT LEFT in CASING						
DISPLACEMENT PSI MIX PSI				RATE					
REMARKS: Safety meeting Hooked up to 27/8 tubing then pumped 15 Wil & mater didn't set									
Circulation went to Coment proposed so sks @ 17401 Then TAN wire line theered Coment									
@ 1550 then stat Holes & 315' looked up to 51/2 Cusive with Sweder Broke Circulation									
					Stud Full	2			

ACCOUNT QUANITY or UNITS		DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CECUSO	1	PUMP CHARGE	1900,00	1900,00
"Ecco2	25	MILEAGE	3,15	148 35
CEOTIL	2	mip butk delivery	640.00	1320.00
CC53CCA	30	Class H Convert	20.00	1000.00
°C5829	140	60/40 4%	16.00	2240.00
C5325	400	Culcions Chloride	1.25	500,00
C6080	40	Cotton Sard Halls	1.00	10.00
JE0357	9	SO DAC	100.00	1100,00
-	40 to 100			
		Subto+H1		4548.55
		Dicaint	45%	346.43
		Tot 14/	SALES TAX	1,1
vin 3737	116		ESTIMATED	4168,51

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.