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

1370634

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

Spot Description: Spot	OPERATOR: License #:			AP	l No. 15			
State Zip Feet from North / South Line of Section Street Feet from Street Feet from Street Feet from Street Feet Feet Feet Feet Feet Feet Feet				I				
City:	Address 1:			_	Sec	c Twp S.	R East West	
Contact Person: Fhone (Address 2:			_	Fe	eet from North	/ South Line of Section	
Phone (City:	State:	Zip:+	_	Feet from East / West Line of Section			
Type of Wellt; (Check one)	Contact Person:			Foo	otages Calculated fro	m Nearest Outside	Section Corner:	
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ()				NE	NW SE	sw	
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv.			
ENIR Permit #:	Water Supply Well	Other:	SWD Permit #:		•			
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:					
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes		•			
Depth to Top:	Producing Formation(s): List /	All (If needed attach anothe	r sheet)	by:			_(KCC District Agent's Name)	
Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Depth Pulled Out 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 zeroent 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: Zip: +	Depth to	o Top: Botto	om: T.D					
Show depth and thickness of all water, oil and gas formations. Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #:	Depth to	o Top: Botto	om: T.D					
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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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of County,, ss.								
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Plugging Contractor License #: Name:	Formation	Content	Casing	Size	Setting Dep	oth Pulled O	ut	
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Address 1: Address 2:	cement or other plugs were u	sed, state the character of	same depth placed from (bot	trom), to (top) i	or each plug set.			
City:	Plugging Contractor License #: Nar				»:			
Phone: ()	Address 1:			Address 2:				
Name of Party Responsible for Plugging Fees:	City:			Sta	te:	Zip:	+	
State of, ss.	Phone: ()							
	Name of Party Responsible for	or Plugging Fees:						
	State of	County, _		, , ss	S.			
		•			_	. 🗆 -		

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.

Town Oilfield Service

PO Box 339 Louisburg, KS 66053 913-294-2125

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Location	
Foremaa	

				LOCALGEET.	··	
	Field Tic	ket & Treatm Cement	ent Report			
Date Customer	₹ Well Name	& Number	Section	Township	Range	County
9-28-17						
Customer	00000	Maili	ng Addres	ß		
		City		State	Zip C	ode
Job Type Olag F	Hole Size <u>4 ½</u> O Drill Pipe				Weight	4//2
Casing Debri 1/90	O Dim Libe	_ twottig	Outer _			
Displacement	Displacement	PS!	_Mix PS(_	Ra	.ta	
Remarks						
Quantity or Units	Description	ı of Service o	r Product	Ualt P	rice	Total
	Pump Cha	rge				250
	Cement Ti	ruck				100
	Water Tru	ck				90
47	Cement		,	8_		36
	Gel					··········
	Plug					
				-Arrama inst		
					-	
			Estims	ited Total:		986

Authorization	Lec tem	Title	_Date