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

1373699

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	cription:								
Address 1:					Sec 7	Гwp S. R East _	West						
Address 2:					Feet from	North / South Line of S	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 Cathoo	dic	County:									
Water Supply Well	Other:	SWD Permit #:		•		Well #:							
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:									
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	No			roved on:							
Producing Formation(s): List /	All (If needed attach anothe	r sheet)				(KCC District Agent's							
Depth to	o Top: Botto	om: T.D				, , , , , , , , , , , , , , , , , , ,							
Depth to	o Top: Botto	om: T.D											
Depth to	o Top: Botto	om:T.D		Plugging	Completed								
Show depth and thickness of	all water, oil and gas form	ations.											
Oil, Gas or Wate	r Records		Casing F	Record (Surf	face, Conductor & Prod	uction)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out							
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to (op) for eac	h plug set.								
Plugging Contractor License	#:		Name: _										
Address 1:			Address	2:									
City:				State:									
Phone: ()													
Name of Party Responsible fo	or Plugging Fees:												
State of	Countv.			, SS.									
	3,				anlawa at O	On anotan air als aire de ''	الديناسة						
	(Print Name)			Em	ipioyee oi Operator or	Operator on above-describe	u 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.

TICKET 80978	DATE OWNER ORDER NO.	WELL LOCATION	UNIT	5 a UN 00	800 800 60	10-8 3797 50	30 240 0	OIR TH			00 569 Osl	SC 1134 25	PAGE TOTAL SOS 25		TAX	TOTAL		Thank You!
	- work		UM QTY. UM	08	do,	370 sk	× × ×	1080			\$ OSh	K 1513 FM	AGREE DECIDED AGREE			ERVICE?	WISH TO RESPOND	d services fisted on this ticket
	STATE CITY SHIPPED DELIVERED TO	WELL PERMIT NO	QTY.	,								37815	SURVEY OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS	PERFORMED WITHOUT DELAYY WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	ARE YOU SATISFIED WITH OUR SERVICE?	CUSTOMER DID NOT WISH TO RESPOND	S receipt of the materials and
CODE	COUNTYPARISH RIG NAME/NO.	WELL CATEGORY JOB PURPOSE	DESCRIPTION	MILEAGE TAK 112	Plans Chause - PTA	60/40 Posmix (4% (2)	D. A. Deed Halls	D-45			Service Charge Contast	Diaman	REMIT PAYMENT TO:	SWIFT SERVICES INC		-798-2300		PAL
CHARGE ADDRESS CITY, STA	WELL/PROJECT NO. LEASE TICKET TYPE CONTRACTOR LI SERVICE LI SALES	CTIONS	SECONDARY REFERENCE/ PART NUMBER LOC ACCT DF									-	LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include,	LIMITED WARRANTY provisions.	MUST BE SIGNED BY CUSTOWER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS X	TIME SIGNED C A.M.	PHETOMICE ACCEPTANCE OF	APPROVAL
Sem	SERVICE LOCATIONS 1. 2.	4. REFERRAL LOCATION	PRICE REFERENCE	575	576 P	1-XC	790				581	583	the terms and cond	LIMITED WARRANTY provisions.	MUST BE SIGNED BY CU START OF WORK OR DE	DATE SIGNED		SWIFT OPERATOR

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DESCRIPTION OF OPERATION AND MATERIALS	RE (PSI)	PRESSU	SdV	AUA	(BBL) (GAL)	ETAR (M98)	TIME	CHART NO.
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