

**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  
WELL PLUGGING RECORD  
K.A.R. 82-3-117**

Form CP-4  
March 2009  
**Type or Print on this Form  
Form must be Signed  
All blanks must be Filled**

OPERATOR: License #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
 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. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - \_\_\_\_\_  
 Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 \_\_\_\_\_ Feet from  North /  South Line of Section  
 \_\_\_\_\_ Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
 Date Well Completed: \_\_\_\_\_  
 The plugging proposal was approved on: \_\_\_\_\_ (Date)  
 by: \_\_\_\_\_ (KCC District Agent's Name)  
 Plugging Commenced: \_\_\_\_\_  
 Plugging Completed: \_\_\_\_\_

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 Plugging Fees: \_\_\_\_\_  
 State of \_\_\_\_\_ County, \_\_\_\_\_, ss.  
 \_\_\_\_\_  Employee of Operator or  Operator on above-described well,  
 (Print Name)

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.

**Submitted Electronically**



**SALES & SERVICE INVOICE**

Remit To: TR Service & Rental, Inc. • 470 Yucca Lane • Pratt, KS 67124

**TERMS: 30 DAYS FROM DATE OF INVOICE**

Office Phone: 620-672-9100

Fax: 620-672-5020

Service & Rental, Inc.

SHIPPED FROM: (DISTRICT)

11-9-17 Meade

6478

NEW WELL

OLD WELL

**SOLD TO:** Prairie Energy LLC  
**SHIPPED TO:** \_\_\_\_\_  
**WELL NO.:** 2  
**FIELD:** \_\_\_\_\_  
**COUNTY:** Hagenaw  
**LEASE:** Dannebaldin  
**STATE:** KS

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1	-	Service man charge to plug & abandon old well, set CIBP @ 2840' + dump bail 2 5/8 cmt on CIBP, load csn + run bond log, had cmt @ 2840' to 65' BHA w/ tubing to 2835' pump 70 sx 60/40 por 4% sol Pull to 1100' & circulate to surface w/ 120 sx 60/40 por 4% sol, POOH w/ tubing tie onto 8 5/8" surface + pump 20 sx cmt pressuring up to 500* top of 5 1/2" w/ 10 sx 60/40 por 4% sol.			500.00
02	200	mileage	Car mileage	150		300.00

TAX

Checked By: BL  
 Coded By: BL  
**TOTAL**  800.00

I certify that the above materials or services have been received on the terms and conditions set forth on the reverse side hereof, which the undersigned has read and understood, that the basis for charges is correctly stated and that I am authorized to sign this memorandum as agent of owner or contractor.

**AGENT OF OWNER:** \_\_\_\_\_  
**OR CONTRACTOR:** X

REPRESENTATIVE

Inc. • 620-672-3656

Charges are subject to correction in accordance with latest price schedules and the addition of applicable State and Local sales / Use tax if not listed above.