KOLAR Document ID: 1390457

**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 #:			[	API No.	15			
Name:				Spot De	escription:			
Address 1:					Sec Tw	rp S. R East West		
Address 2:					Feet from			
City:	State:	Zip: +			Feet from	East / West Line of Section		
Contact Person:				Footage	es Calculated from Neares	st 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 #:				County: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)		
Producing Formation(s): List A	II (If needed attach another	sheet)		by:		(KCC <b>District</b> Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging	a Commenced			
Depth to Top: Bottom: T.D				Plugging Completed:				
Depth to	Top: Botto	m:T.D			9			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		-				Is used in introducing it into the hole. If		
Plugging Contractor License #	:		Name:					
Address 1:			Address 2	:				
City:				State:		Zip:+		
Phone: ( )								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, SS.				
	,				imployed of Operator of	Operator on above-described well,		
	(Print Name)				imployee of Operator or	Operator on above-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**

LOCATION_	EL	Dorndo.	K <
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DATE CUS	STOMER # WELL NAME &	& NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
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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