KOLAR Document ID: 1402176

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

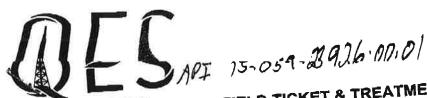
Kansas Corporation Commission Oil & Gas Conservation Division

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 #:			AF	PI No. 1	5					
Name:					Spot Description:					
Address 1:				Sec Twp S. R East West						
Address 2: State: Zip: +					Feet from North / South Line of Section Feet from East / West Line of Section					
Phone: ()					NE NW	SE SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:					County: Well #: Date Well Completed:					
										Is ACO-1 filed? Yes
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)				
Depth to	Top: Botton	m: T.D	_{Pli}	Plugging Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to	Top: Botto	m:T.D	' '	agging	Completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)			ction)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were us		-				ds used in introducing it into the hole. If				
Plugging Contractor License #: Name:										
Address 1:			Address 2: _							
City:			Sta	ate:		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _		, s	SS.						
			Г	_	nployee of Operator or	Operator on above-described well,				
	(Print Name)			=[]	inproyee or 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.



LOCATION OHTEWS
FUREMAN Alan Made

		IELD TICKET & TRI	EATMENT REP	ORT	-	
PRESSURE PUN PO Box 884, Chan	ute, K5 60120	CLIV	SECTION	TOWNSHIP	RANGE	COUNTY
620-431-9210 01	100	ELL NAME & NUMBER	SECTION 3	15	20	FA
DATE CU	STOMER# W	bury #1	WE S			DRIVER
1-22-18	828 13613	Jac y	TRUCK #	DRIVER	TRUCK#	Meet
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ILING ADDRESS		10	495	Har Bec		
112 Rhos	e Island	ZIP CODE	67.5	Kei Det		
ry .	SIAIE	64749			VEIGHT 216	
Tola_	14.5	HOLET	DEPTH	CASING SIZE & V	, min 111	8
B TYPE Plu	S HOLE SIZE	THE INVESTIGATION OF THE INVES			OTHER	
SING DEPTH	776 DRILL PIP			CEMENT LEFT in		
URRY WEIGHT_	SLURRY V			RATE_1_6	m	1 00
BPLACEMENT	DISPLACE	1100600 1		inc TD.	M: XeQ +	1 1-
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				Mas	ler-	
			10-	NOOD		
			11/0	, , , , , , , , , , , , , , , , , , ,		
ACCOUNT	QUANITY or UNITS	DESCRIP	TION of SERVICES or	UNIT PRICE	TOTAL	
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win 3737	0 111	'/	1.000		ESTIMATED TOTAL	1457-

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