KOLAR Document ID: 1408035

**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	scription:			
Address 1:			.		Sec Tw	p S. R East West		
Address 2:					Feet from			
City:	State:	Zip: +	.		Feet from	East / West Line of Section		
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:		
Phone: ( )					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodi		,				
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved 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	•	m: T.D		00 0				
Depth to	Top: Botto	m:T.D			y			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records	Casing F		Record (Surface, Conductor & Production)				
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.				
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed		
	(Print Name)			E	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.

810 E 7<sup>TH</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report
Ticket No. 3880

Foreman Kevin McCoy

Camp <u>Eureka</u>

Date	Cust. ID#	Leas	e & Well Number	*******	Section	Township	Range	County	State
5-1-18	1012	LUCA	5 <sup>#</sup> /		30	275	85	Butler	K5
Customer				Safety	Unit#		Driver	Unit#	Driver
DRA,	Ke Explox	entro~		Meeting	102	Pirc	£ 4.		
Mailing Address	Box 7822			KM RL JH	112		e 6.		
City		State	Zip Code	D6					***
wich i	†A	Ks	67278 - 2228						V=100+1200-120
Casing Depth_ Casing Size & Displacement_ Remarks: S	Wt. 41/2 AFETY ME	Hole Size Cement L Displace  Sol Fresh  July 0F 4/12	oth		Bump Plug to <u>Below ら.</u> SKS 60/40	L. Rig (	Dr Ot BF	<u>'s Casmg. B.</u> '4% GeL G	ReAK Cood Semen
				MANAGE CONTRACTOR OF THE STATE			AND		

Code	Qty or Units	Description of Product or Services	Unit Price	Total
105	1	Pump Charge	750.00	750.00
107	25	Mileage	3.95	98.75
203	පිර 5%	60/40 POZMIX CEMENT	12.75	1020.00
206	275 *	Ge'C	. 70 %	55.00
708 A	3,44 TONS	Tow Mileage	M/c	345.00
: 113	2.5 HRS	80 ELL VAC TRUCK	85.00	2/2.50
224	1750 gals	City water	16.00/1000	17.50
	ADVIS.			
		THANK YOU 6.75%	Sub Total Sales Tax	2498.75 168.67
Authoriz	ration/U/Avesses	By DARREN BROYles Title	Total	2667.42