KOLAR Document ID: 1412914

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:					escription:			
Address 1:			.		Sec Tw	vp 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)		OG D&A Cathodi SWD Permit #:		,		Well #:		
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)		
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:			
Depth to	Top: Botto	m: T.D		00 (•			
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)			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 #: I			Name:	e:				
Address 1:			Address 2:					
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, SS.				
	•				Employee of Operator or	Operator on above described		
	(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

TICKET NUMBER

LOCATION

FOREMAN

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 800-467-8676			CEMEN	T AP	["15-035-	20465		
DATE	CUSTOMER#	WELL	NAME & NUMB	BER	SECTION	TOWNSHIP	RANGE	COUNTY
6-14-18	1098	ChrisTen	USON # 2-0	2	9	335	6E	Cowky
CUSTOMER							NAMES ENTRY	
ANSTINE & MUSGEOVE INC.				TRUCK #	DRIVER	TRUCK#	DRIVER	
MAILING ADDRE	SS				760	Chris		H-1- 11 - 2
	P.O. Box 3				775	MARK		
CITY		STATE	ZIP CODE		702	Brad	4	
PONCA C	ity .	OK	74602-03	71				
JOB TYPE PTA HOLE SIZE HOLE DEPTH			CASING SIZE & WEIGHT 5 1/2"					
CASING DEPTH	3184	DRILL PIPE		TUBING 23	18" at 3065"		OTHER Person	Tope-3112
SLURRY WEIGHT SLURRY VOL WATER gal/s				kCEMENT LEFT in CASING				
DISPLACEMENT	Γ	DISPLACEMEN	T PSI	MIX PSI		RATE		
REMARKS: SA	SeTy Meeting:	RisunTo 23/8	"Tubus SoTa	- 3065, 1	Dreak circula	Tron w/ firsh	WATE.	
SOUT 405Ks 60/40 POZMOS CEMENT 1/ 43 gel 533 CACLE Along with Hulls. Pull Tubing out of Well. WAIT 2 Hows								
RAN WILL down 51/2" CASING - TAGED CEMENT OF 2710. RAN Tubing into Well To 350								
Righto Tubing, break circulation with fresh water. Mix cement Till we had good cement retweet								
inside of 5th CASING and cement retweet on backside, Pull Tubing out of Well. Silled CASING BACKUD with								
Coment.	WASH up 9 T	ear down	HILL ARREST OF	"Thanky	ou"	9		
botton Plug cemented from 3112 To 2710 with 40 SACKS								
Top Plus Cement Stom 350 To Sevence with 190 SACKS								

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0451		PUMP CHARGE	1.900.00	1900,00
CE 0002	50	MILEAGE	7.15	357.50
CE 07/1	MIC	Bulk Truck Charge	660.00	660.00
	/	al .	is yearned	216
CC 5829	230 SACK	60/40 Poznix Cement w/ 42 GeL	16.00	3680.00
CC 5325	445 1bs	CAlcium Chloride	1.25	556.25
CC 6080	40 165	Hulls	1.00	40.00
		Tak San Cas		
				7193.75
			and the live	
		Discourt	40%	2877.50
			41	11121/ 20
		Sub T	olal	4316.25
		THE RESERVE OF THE PROPERTY OF	By a contract of the contract	Difference of the second
			SERVE STATE	Mark States
			CALFOTAY	- AL. 1
Ravin 3737			SALES TAX ESTIMATED	1121 - TAU-EL 2
naviii 3/3/	A (/ / -	Λ (TOTAL	to 1 stroke them

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.