KOLAR Document ID: 1424285

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 Description:				
Address 1:					Sec Twp S. R East West				
Address 2:				Feet from North / South Line of Section					
City:	State:	Zip: +	.	Feet from East / West Line of Section					
Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE SW			
Type of Well: (Check one)		OG D&A Cathodi		County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	II (If needed attach another	sheet)		by:		(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging Commenced:					
Depth to	•	m: T.D		Plugging Completed:					
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		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 #:				ne:					
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 deceribed			
			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.



TICKET NUMBER LOCATION_Q

MAILING ADDRESS MAILING ADDRESS MILION ADDRE		: PUMPING LLC Phanuta KS 6673	, FIEI	_D TICKE	Γ& TREA ⁻	ΓΜENT R	EPORT		/
DATE CUSTOMER WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY (C) ST P 1328 Kach west # 1 Sw 21 22 19 WALLING ADDRESS LINC THUCK # DRIVER TRUCK # DRIVER T					CEMEN	T API.	# 15-003	- 22748-	00-00
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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.

TITLE_