KOLAR Document ID: 1425164

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) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	·····

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)										
Formation	Content	Casing	Size	Setting Depth	Pulled Out							

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:
Address 1:	Address 2:
City:	State: Zip: +
Phone: ()	
Name of Party Responsible for Plugging Fees:	
State of County,	, SS.
(Print Name)	Employee 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.

Submitted Electronically

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account records, at dur office, and conditions of service on the back of this form are in effect for services identified on this form. I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's MOITZIAOHTUA P ataq TITLE 80 TOTAL **GT**AMIT23 TETE niveR XAT SALAR 12404 Jul 086-14-55 Zh'655Z 5029 808 2308 975 0/2-1858 ING Oh 20, 00/2 DO XSONZ 170 11857 SLI 401 Swol 22'71 'u 01102 SIL MILEAGE Oh 00 COOL DS/ 1511 20 PUMP CHARGE 3 10= **JATOT** UNIT PRICE DESCRIPTION of SERVICES or PRODUCT CODE STINU 10 YTINAUD ACCOUNT Mart Still SMINBY 1:0 5198 2 SHE ן יעריי FNOW27 TOUS 90 P'p VI Nater 593,02 16700 Je 25 0 113 1-10 a psy my 11 5072 N:WI 541500 77 and hisyon 20 WW drilling 1 sy jadu May C :SXRAMBR *<u>EXAR</u>* **WIX PSI** DISPLACEMENT PSI 5197.0 DISPLACEMENT CEMENT LEFT In CASING. WATER gallsk ,02 OCI TON ANAL SLURRY WEIGHT 19.8 OTHER DNIBUT סצורר הוהב 1hSa CASING DEPTH CASING SIZE & WEIGHT 19/58 HOLE DEPTH 445 HOLE SIZE 157.24 azin JOB TYPE 5/210 ZIP CODE 3761 Paulu N PULLO ons G19 ESL pri remiduade 105:202 DRIVER TRUCK # DRIVER **TRUCK**# Q.J Z'Y) Breestorb 1-342044 CUSTOMER MLS 02 S L 72-1 57-527 125 88 81-m-h **LUNNOO** RANGE **TOWNSHIP** RECTION MELL NAME & NUMBER CUSTOMER # DATE SU 28471011 CEMENT 620-431-9210 or 800-467-8676 FIELD TICKET & TREATMENT REPORT PO Box 884, Chanute, KS 66720 1075 splat NAMEROR PRESSURE PUMPING LLC Constant of SM halpo P **LOCATION** ,259 22155