KOLAR Document ID: 1441348

**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			
City:				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 #:  ENHR Permit #: Gas Storage Permit #:				County: Well #:  Date Well Completed:				
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to Top: Bottom: T.D				Plugging Completed:				
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 Re	sing 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:	<b>&gt;</b> :				
Address 1: A				pss 2:				
City:			;	State:		Zip:+		
Phone: ( )								
Name of Party Responsible fo	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.

STATE	MENT	<b>9</b>	3836	5
REDBUD C	Box 87 - 776 HWY 99 Sedan, KS 67361  Cell: (620) 249-2519  AFE#/F	04/ -/	otion:	
Custom Address	er Red Bud Dil + Egema s	n: <u>Op</u> .	ating	=
City	State	Zip_		
Qty.	Description	Price	Amour	nt
- //	1 D/K // 1	120,00	480.	00
_4_	Transport	120,00	360,	00
	Ar Cemen Tung	85.00	255,	00
5	D 11 - 1	85,00	85,	60
_/_	Doulk lank	.10	130.	00
_1300	Ch ( )	16,00	16,	00
48	SKS Coment	12.50	600,	00
78	P. I. I.	85.00	85.	00
	DOCKIDE		2011.	00
/	Ply Coh McMillin B-3-16	Tex no	150	83
\ <del>==</del>	Par 1 TP 1300' Gel Hole	\$	216	83
v	Spotted 5 SKS Cemput Pille	1		
	1901100 = 1	Compat	-0	
	11 1 1/140 1000' Spotted			
-	Comput Pulled Water 600'	Smitter	155k	
	Pourt Plad Noto 225'	Pomo	ted 7	0

Thank You – We appreciate your business!

Rec'd. by \_\_\_\_\_

TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

Hef Not G 46 335/0017