

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

REFRY TO
 801 S. BUCKINGHAM
 HOUSTON, TEXAS 77060

SCHIPPERS OIL FIELD SERVICE L.L.C.

NO. 000857

WELL NO. 22	WELL NAME	WELL TYPE	WELL STATUS	WELL DEPTH
DATE	WELL	WELL	WELL	WELL

CONTRACTOR	OWNER	COMMON	
TYPE OF JOB	CEMENT	POZMIX	
BORE SIZE	AMOUNT ORDERED	GEL	
CASING SIZE		CHLORIDE	
CASING WEIGHT		ASC	
DRILL PIPE			
TRIP			
DRILL MAN			
DISPLACEMENT			
CEMENT LEFT IN CMG			
PERFS			
EQUIPMENT			
PUMPTRUCK			
BULK TRUCK			
BULK TRUCK			
HANDLING			
MILEAGE			
TOTAL			

REMARKS	SERVICE	
2701 - 12/12 250/11	DEPT OF JOB	
2201 - 1/22 120/11	PUMPTRUCK CHARGE	1350
996 - 5/24 - 12 P +	EXTRA FOOTAGE	
Top DSS	MILEAGE	65 @ 6 = 390
Do NOT use for 11/11	MANIFOLD	
	Light Vachin	65 @ 2 = 130
	TOTAL	

CHARGES TO:	STREET	STATE
	CITY	ZIP

We, Schippers Oil Field Services L.L.C. You are hereby requested to rent cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
55-58 crates	15 = 825
TOTAL	
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE

[Handwritten Signature]

PRINTED NAME

Butch Pylip