KOLAR Document ID: 1470955

**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 Storage 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 <b>District</b> Agent's Name)				
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:					
Depth to	Top: Botto	m: 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	cord (Su	urface, Conductor & Produc	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 #	:		Name:	ne:						
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.



41024

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PO Box 884, Chanute, KS 66720

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

620-431-93	210 or 800-457-857	5	CEMEN	HPI	13059	2705	8
DATE	CUSTOMER#	WELL NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
7-26-1	92999	Clarkon "GH	II1	NW 29	15	2/	FR
USTOMER	111	11.11		35年的世纪10			
All INC ADDO	CCA	HILOLISE		TRUCK#	DRIVER	TRUCK#	DRIVER
IAILING ADDR	1 0 /	, , , , , ,		669	Jun live		
	131 1	rainia KU.		495	Har Roc		
ITY : //		STAPE ZIP CODE		369	Cusilen		
Wells	ville	KS 66092		611	Alamad		
OB TYPE_	lugtob	HOLE SIZE	HOLE DEPTH		CASING SIZE & W	EIGHT 2	1/8"
ASING DEPT	822-	DAILE 176.5.78	PUBING	· · · · · · · · · · · · · · · · · · ·		OTHER	
LURRY WEIG	нт		WATER gal/s	k	CEMENT LEFT In	CASING	
ISPLACEMEN	т	DISPLACEMENT PSI	MIX PSI		RATE		
EMARKS:	410 500	Rety Meeting	a E	Srablis	h Raye	MI	Kand
Duno	20 CK	Por Blend 14	1 wit	h 62 1	sel and	1 (1)	on See
14/11/2	in Lead	coment. P	ressu	re well	upto	200	PCZ
1000	inc Inc	11 full of Cer					
-	ing our						

ACCOUNT CODE	I QUANITY OF UNITS I DESCRIPTION OF SERVI		UNIT PRICE	TOTAL
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		-553		139 1
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		87	SALES TAX	11 1
avr. 3737			ESTIMATED	9225

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