KOLAR Document ID: 1598269

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 #:			1	API N	o. 15			
Name:				Spot Description:				
Address 1:					Sec Tv	vp 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 Cathodi	ic	County:				
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:				
Producing Formation(s): List A	_			by: (KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D		-				
Depth to	Top: Botto	m: T.D		Plugging Commenced: Plugging Completed:				
Depth to	Top: Botto	m:T.D		Pluggi	ng Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were us		-				ds used in introducing it into the hole. If		
Plugging Contractor License #:				ne:				
Address 1:			Address 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 well,		
(Print Name)					Employee of Operator of	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.



785-953-0222

TICKET NUMBER	1342 K-C
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FIELD TICKET & TREATMENT REPORT

DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY (9-17-2) RICHORS RANGE OF P 333 294 Madde CUSTOMER P 333 294 Madde CUSTOMER P 333 294 Madde CUSTOMER P 333 294 Madde Research P 335	HP OILFIELD SERVICES, LL				CEMEN	Т				
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I acknowledge that the payments 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.