KOLAR Document ID: 1618937

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 #:			ΙA	PI No. 1	15					
Name:				Spot Description:						
Address 1:Address 2:				Sec Twp S. R East West Feet from North / South Line of Section						
Contact Person:			F	ootages	s Calculated from Neares	st 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 #: 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.				County: Well #: Well #: (Date Well Completed: (FCC District Agent's Name by: (KCC District Agent's Name Plugging Commenced: Plugging Completed:						
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Rec	ng Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us		_				ds used in introducing it into the hole. If				
Plugging Contractor License #: N				ne:						
Address 1:				ess 2:						
City:			Si	ate:		Zip:+				
Phone: ()										
Name of Party Responsible for	r Plugging Fees:									
State of County,				SS.						
(Drink Manna)				Eı	mployee 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.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071 Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2958

Sec.			County				2/00
Date 2-1-22 18	20 15	Bo	rton	K € State	On Loc	ation	Finish
Lease Deckert		Loca	tion Men	nonita	Church -	01/	12:30 Pr
Contractor Professions	Well No. 5.		Owner			dis	LW, 515
Type Job Pluar	al Pulling Ser	via		well Cementing			
Hole Size	V		cementer and	helper to assis	g, Inc. rent cementing eq st owner or contract	juipment tor to do	and furnish
Csg. 53"	T.D.		Charge Ch	arter		101 10 40	work as listed.
Tbg. Size 27/3 "	Depth		Street		Energy		
Tool	Depth 3300'		City		State		
Cement Left in Csg.	Depth		The above was	done to satisfacti	on and supervision o	of owner a	Gent or contract
Meas Line	Shoe Joint		O STRICTLE ALTIOUS	nt Ordered 4	150 60/40		gent of contractor.
EQUIPA	Displace #20		500# Hu	115 -	1400 # G1	61	
No. Cementer			Common 2/6	5			
No Driver	dant Clayton		Poz. Mix / 4	4			
Bulktrk O. \ No. Driver & \	clary Clary 1021		Gel. 27				
JOB SERVICES	& DEMARKS		Calcium	1 /			
Remarks: 3300'- 14		1 1	Hulls 300	# (6)			
1.	5x gel 1400)	gel	Salt				
Mouse Hole	# Hulls		Flowseal				
1-1	- 111 1		Kol-Seal				
Centralizers 500 - 100 Baskets	15x 100# Hul	113	Mud CLR 48				
D/V or Port Collar 500' -	11 11 0		CFL-117 or CD1	110 CAF 38			
		neu :	Sand				
To surface w/ 120	SSX, Cenent	1	Handling 450				
PTDH + - 1	CV C	N	Mileage			-	
7 put on	5/2" Swage	+		FLOAT EQUIP	MENT		
75 Sx Cement	to Surface w		Guide Shoe				
132x Cement)		0	Centralizer				
Carral Not	05 11	E	Baskets				M
Cement did	Circulat	e A	FU Inserts				
1150-1 2/0 / 11/	0 5 2 1	F	loat Shoe				
Used 360 sk 14	300 # HI	ells L	atch Down				
)						
			umptrk Charge	1	Jlug		
		M	lileage/5 /	m/m 1			
10/10/			1	123		Tax	
X Signature			1 Tha	NI	Disco		
- ignaturo/		/			Total Chai	rge	
C C							



Please Remit To: P.O. Box 549 Hays, KS 67601

RELINE SERVICES Phone: (785) 628-6395 Fax: (785) 628-3651

FIELD TICKET No.

	A	4	12	0
	12	EL.	Nid	Born.
	4	78	1	300

DATE <u>Z-1-2Z</u>
UNIT#______/

						100				
INVOICE NO.			P.O. NO.					AFE NO.		
CUSTOMER CHAR-	Ya	LEASE DECKERT CO #18					WELL NO.			
ADDRESS			FIELD STATE					COUNTY BARTO		
		LOCATION					THE SERVICE STATES			
CITY			CASING SIZE	& W	Т			TBG. SIZE		
STATE	ZIP		TYPE OF JOE			YEZE		TBG. SIZE		
ORDERED BY			TITLE					SERVICE SUPV.		
PART NO.	DESCRIPTION			F	REV.	QTY.	UNIT PRICE	AMOUNT		
0001-05-0T	SERVICE	CHA	DGE	L	10	1	FRICE			
	11.0									
15,805	IXS @10	150		40	0	2				
	1x 2 @1	100		4K	0	2				
	(X (C)	300		4	0	2				
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Table 1	* 1000 480									
CALLED OUT	ON LOCATION	ON LOCATION COMPLETED			TOTAL	SERVICE				
Time	Time1			ie						
Date	Date	Dat	e							
*ACCIDENT REPORT MUST BE ATTACH			TAX TOTAL CHARGES							
WITH MY INITIALS, I CONFIRM TI "HOURS" COLUMN, ACCURATELY Employee Name (Print)	HAT THE TIME SHOWN IN THE REFLECTS MY COMPENSABLE T		ials							
CARP DEFILIN										
CUSTOMER AGREES to pay (the "C	ompany") on a net 45 day basis	from date of i	invoice to avoid le	oss of	discount.	Invoices older	then 45 days are su	ubject to loss of discount	on	

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older then 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

CUSTOMER REPRESENTATIVE