KOLAR Document ID: 1678529

**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 Feet from North / South Line of Section						
Address 2:										
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 #:					County: Well #: Well #:					
ENHR Permit #:         Gas Storage Permit #:										
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:						
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 Commenced:						
Depth to	Top: Botto	m: T.D		00 (	•					
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	ng 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 #: Na				:						
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.



## LOVE A # 1

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## FIELD TICKET & TREATMENT REPORT CEMENT

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DATE	CUSTOMER#	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY		
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CUSTOMER	areas			5425						
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CITY		STATE	ZIP CODE	0.874						
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ACCOUNT CODE	QUANTITY	or UNITS	DE	SCRIPTION of	SERVICES OF PRO	DDUC)	UNIT PRICE	TOTAL.		
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