KOLAR Document ID: 1695457

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 #:			APIN	No. 15									
Name:				Spot Description:									
Address 1:				Sec Twp S. R East Wes									
				Feet from North / South Line of Section									
City:	State	:		Feet from East / West Line of Section									
Contact Person:			Foota	ages Calculated from Nea	rest Outside Section Corner:								
Phone: ()				NE NW	SE SW								
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	e Name:	Well #: (Date)								
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)								
De	epth to Top:	Bottom: T.D	Plugo	ring Commenced:									
De	epth to Top:	Bottom: T.D	"	, ,									
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .									
	ss of all water, oil and gas	s formations.											
	Water Records			(Surface, Conductor & Prod									
Formation	Content	Casing	Size	Setting Depth	Pulled Out								
		plugged, indicating where the	•		nods used in introducing it into the hole. If								
Plugging Contractor Lice	ense #:		Name:										
Address 1:			Address 2:										
City:			State	:									
Name of Party Responsi	ible for Plugging Fees:												
State of	Co	unty,	, SS.										
				Employee of Operator of	or Operator on above-described well,								
	(Print Na			=mpio, so oi operator o	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

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TICKET NUMBER	LOCATION	FOREMAN /

FIELD TICKET & TREATMENT REPORT CEMENT

RANGE COUNTY	314 600	TRUCK# DRIVER						OTHER	SING			en de principale de la companya de La companya de la co
TOWNSHIP	5/1	DRIVER	Jon Grant	Tames			CASING SIZE & WEIGHT	TO THE PROPERTY OF THE PROPERT	CEMENT LEFT in CASING	RATE	Phy 45 Orlacel	
SECTION	34	TRUCK#	10.3	S20-55			45.33	e fili de la companya			2 Phy 4	and the control of t
BER	18:	Campais	17/12/2 to		120/07	12 B	HOLE DEPTH	TUBING	WATER gal/sk_	MIX PSI	Muster to	er mögneligt en for die digselie gestel bei de die die die die die die die die di
WELL NAME & NUMBER	12014 41-3		AD MAN TO THE		ZIP CODE	mi-rasp	8/12	41/2 1/1	OL	MENT PSI	De upous 1	al and a state of the state of
***************************************	Ä		メイトをして		STATE		HOLE SIZE	_ DRILL PIPE_	SLURRY VOL	DISPLACEMENT PSI	cetius,	70
CUSTOMER#		0 6.0	7		intermental description of the control of the contr		M.		17.13.5	<u> </u>	step n	120 02
DATE	10-12-20	čusTOMER ₽	MAILING ADDRESS		CITY		JOB TYPE	CASING DEPTH	SLURRY WEIGHT_	DISPLACEMENT	REMARKS: S.E.	N S

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	TOTAL	1,500 00	1/20	46000		2000 B	19200	165-8	X.848.X	1,333 70	4 334 80	•						
	UNIT PRICE	1.65.8	1000	100		00 9/	300	165.00		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							SALES TAX	ESTIMATED TOTAL
12014465011	DESCRIPTION of SERVICES or PRODUCT	(GE		Lesso Dolinger (Min.)		Want Rand V		mon His		104 21 81								
		PUMP CHARGE	MILEAGE	Tru Wu		J. 1.14	を対す	1.47.CX	-									
	QUANTITY or UNITS			26.02	The state of the s	78. 25 C	# 57		Se .	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE								
	ACCOUNT CODE																	

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.

AUTHORIZATION

DATE