KOLAR Document ID: 1776472

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 Tw	vp S. R East West		
Address 2:					Feet from			
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 Cathodic Water Supply Well Other: SWD Permit #:				County: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes						
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District 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	sing 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.



TICKET NUM	MBER	-2.2	29	K-C
LOCATION _	6500	rVan	CA	J.
FOREMAN	$I_{\omega}]_{\omega}$	2-19	$\bigcap_{n=1}^{\infty}$	Lel

FIELD TICKET & TREATMENT REPORT CEMENT

R M M SERVICES, 11	1.0			7.0 Con 10 KE - 1 A	· · · · · · · · · · · · · · · · · · ·			many norman neofem à l'estre de l'action d		
DATE	CUSTOMER#	·	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE 37 ²²	COUNTY		
4-2-24		Lohn			12	\$ 5		5harusa		
CUSTOMER	and the state of t			Brewsby	* TRUCK#	DRIVER	TRUCK#	DRIVER		
Nal Energy Flic.				1-1256			TROOK #	DINVEIN		
MAILING ADDRE	ESS */			n.50	<u>103</u> 8710-850	Cory Di Marcala				
CITY		STATE	ZIP CODE	'	<u> </u>	LQQLLdQQbbal				
JOB TYPE	OHP I	HOLE SIZE	77/8	HOLE DEPTH	4950	CASING SIZE & V	VEIGHT <u>3</u>	15:5		
CASING DEPTH					3/8-4630					
	Y WEIGHT 13,5 SLURRY VOL WATER gal/sk				b					
DISPLACEMENT										
					usb, poi	d Tilias				
miy 10	11) 5/13 801	woth LUI	3504/2	3/1/20	77185214	BBL HOS	2 4630	1		
573 · 1		750 , vai	VIIMO	FZOL DI	place 4 BE	140				
29.50	nix 140 =	sks Came	8 W 250-2	+ Holls, D	150 Kgs 5 B	131 H20				
1.500' m	ix 145 5	its Consid	1 200	Holls D	is solded	30LH20_		emmenta surriva en encentra e destruto successidas e destrutos de la composición de la composición de la compo		
Rump 4		JUM ALL	,		V	reservates constraint annualistic Charm of the Newson of Constraints				
	F LIELL L	120 31	<u> </u>							
	*									
		,	and the second of the second o		unk Yer	9				
And the second s	7			12	it & CHEC		148122 22-22	T-A-1		
ACCOUNT CODE	QUANTITY	or UNITS	DESCRIPTION of SERVICES or PRODUCT			UNIT PRICE	TOTAL			
)	PUMP CHARGE				9500	250 50		
4.5			MILEAGE .			715	321 25			
	10	7, 35	Tou	Milegi	e Dalius	52/	175	452381		
	,					<i></i>	19 30			
		450-56 Light World Bland V						7,8250		
		800					100	300°C		
		1,100 1					.50	5500		
								12,0205		
					1255 10%	Disc	E-resp.	1,2020		
				•	r r			12,818-53		
				_						
		-		- Aur - 2 to A - 2 to a 4 to F to F to F to						

					ANA CONTRACTOR OF THE PROPERTY	CONTROL CONTRO				
					<u> Sergenda per programmente en comunicación comunicación com a conferención de la Millión de </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				λ		A CONTRACTOR OF THE PARTY OF TH	SALES TAX			
		\i		7			ESTIMATED			
	K. IX	,)	m. l				TOTAL			
AUTHORIZATIO		- Y_		TITLE			_ DATE			

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.