KOLAR Document ID: 1796318

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 #:	I API No.	15 -				
Name:						
Address 1:	'	•	Twp S. R East West			
Address 2:		Feet from				
City:	+	Feet from East / West Line of Section				
Contact Person:	Footage	s Calculated from Nea	rest Outside Section Corner:			
Phone: ()		□ NE □ NW	SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Lease N Date We The plug by:	lame:ell Completed: gging proposal was app	Well #: (Date) (KCC District Agent's Name)			
Depth to Top: Bottom: T.D.						
Depth to Top: Bottom:T.D.		g Completed				
Show depth and thickness of all water, oil and gas formations.						
Oil, Gas or Water Records	Casing Record (Su	sing Record (Surface, Conductor & Production)				
Formation Content Casing	Size	Setting Depth	Pulled Out			
Describe in detail the manner in which the well is plugged, indicating where to the cement or other plugs were used, state the character of same depth placed from the	·		ods used in introducing it into the hole. If			
Plugging Contractor License #:	Name:					
Address 1:	Address 2:					
City:	State:					
Phone: ()						
Name of Party Responsible for Plugging Fees:						
State of County,						

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.

ANKS Oilfield Service

Main Street Victoria, KS 67671 ffice Phone (785) 639-3949

Main Street Victoria, KS 67671 | 24 Hour Phone (785) 639-7269

♦ Email: franksoilfield@yahoo.com

TICKET NUMBER	1291
LOCATION House	
FOREMAN 126	

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & NUMBER		MBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-27	36107	Suppris #1-14			14	17	22	165
CUSTOMER		71					7511014 #	505/50
Sanowine Resources HE				_	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADD	RES8	,			103	John		
	2604 E 231	0 Street			201	UT		
CITY		STATE	ZIP CODE					
4		Ks.	67601					
JOB TYPE HOLE SIZE		HOLE DEPTH		CASING SIZE & WEIGHT				
		DRILL PIPE			OTI IED			
SLURRY WEIG	SHT 13251	SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING		
DISPLACEME	NT	DISPLACEMENT PSI MIX		MIX PSI	RATE			
REMARKS:	5.64.	and a	00 54	. 5 -1 -	I an rede	ad.		
	Stoppe	g a		7. 799	Contraction of the Contraction o			
	1) 1146	50.5%						
	9	80 SX						
		Y 40 SK					voleti (III)	
			ary 22 se	RH 3050				
	7) 60				-Ti'	okym.		
		2663 29	foto!		Ihe.	or you.		

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Pans	1	PUMP CHARGE FTA	\$150000	\$1500°C
MONI	91	MILEAGE	41,50	250150
moss	12.90 ton	for silvage delivery	4/760 25	4176085
CRO/O	29054	Close A 60/90 48 not Yat Flo Seol.	\$1735	15031 50
FEDSS	/	8 % A special cools play	\$165°C	416500
			Sub total	\$9048 E
		Ires		\$452 44
		seb total	48,59/,4	
		7	SALES TAX	320.88
(D 11 14	1/1	ESTIMATED TOTAL	8917.29

I acknowledge that the payment 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.