KOLAR Document ID: 1799750

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 De	scription:	
Address 1:			.		Sec Tw	p S. R East West
Address 2:					Feet from	
City:	State:	Zip: +	.		Feet from	East / West Line of Section
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:	
Depth to	Top: Botto	m: T.D		00 0		
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)
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 #	:		Name:			
Address 1:			Address 2:	:		
City:			;	State:		Zip:+
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _			, ss.		
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed
	(Print Name)			E	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.

Service

◆ 416 Main St., P.O. Box 225, Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269 ♦ Email: franksoilfield@yahoo.com

◆ Office Phone (785) 639-3949

TICKET NUMBER

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					MILEAGE		27	MOGI
				GE OH!	PUMP CHARGE		palme.	1001
TOTAL	UNIT PRICE	DUCT	DESCRIPTION of SERVICES or PRODUCT	ESCRIPTION of		or UNITS	QUANTITY or UNITS	ACCOUNT CODE
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of to 450 PS	Dressur Cas	top off c	5. 20 m to	t, 3/10P	Destrictory	on backside	10 K	
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			ordered.	shirt	100	presting of	Tofet,	REMARKS:
		RATE		MIX PSI	「PSI	DISPLACEMENT PSI		DISPLACEMENT
	ASING -	CEMENT LEFT in CASING		WATER gal/sk		SLURRY VOL _	1 次8世	SLURRY WEIGHT
	OTHER		1000	TUBING		DRILL PIPE		CASING DEPTH
	EIGHT	CASING SIZE & WEIGHT		HOLE DEPTH	山村 山山川 300 0	HOLE SIZE	648	JOB TYPE
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DRIVER	TRUCK #	DRIVER	I RUCK #				SS	MAII ING ADDRESS
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Graham					C #3	Schubitz		10-18-01
COUNTY	RANGE	TOWNSHIP	SECTION	1BER	WELL NAME & NUMBER	WELI	CUSTOMER #	DATE