KOLAR Document ID: 1801317

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
Address 2:	Feet from North / South Line of Section
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 #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	County: Well #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plugging Completed: Plugging Plugg
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	r Records	Casing 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 the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:										
Address 1:	Address 2:										
City:	State: Zip: +										
Phone: ()											
Name of Party Responsible for Plugging Fees:											
State of County,	, ss.										
(Print Name)	Employee 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.

Submitted Electronically

Unitedd Service) 1

vi., P.O. Box 225, Victoria, KS 67671

• Office Phone (785) 639-3949

39 Courses TICKET NUMBER

10

Jack -LOCATION FOREMAN ◆ 24 Hour Phone (785) 639-7269 ♦ Email: franksoilfield@yahoo.com

FIELD TICKET & TREATMENT REPORT

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	COUNTY	64	DRIVER												54			TOTAL		
	RANGE	24	TRUCK #			EIGHT	OTHER	OTHER							en/ 30			UNIT PRICE		Survey of the second se
	TOWNSHIP	20	DRIVER	CK	2	CASING SIZE & WEIGHT		CEMENT LEFT in CASING	RATE	ed.					to loog			DUCT		
CEMENT	SECTION	30	TRUCK #	103			3/2 11			d as order	1/5			de service	PSI & ton	States of the second		DESCRIPTION of SERVICES or PRODUCT		
	MBER						TUBING Z	_ WATER gal/sk	ISA XIM	p 5' plugge	1 306 75 hulls			o circulati	~1 300 P	40 5%		DESCRIPTION of	RGE OHP	
	WELL NAME & NUMBER	Keith, 2-30			ZIP CODE				IT PSI	e sat c	550 [1]	25 sr	125 th	55% 10	258 "	34=1 440			PUMP CHARGE	
	MEL	Keit	truestments		STATE	HOLE SIZE	DRILL PIPE	SLURRY VOL _	DISPLACEMENT PSI	afe his meeting	3960' 7	3300' 12	2100' 12	900' 7	\$05× m	t0		or UNITS		
	CUSTOMER #	33268	RLTM			9149		13.84		Safe	Contraction of the	2)	3)	(h	5			QUANTITY or UNITS	1	
	DATE	42-82-91	CUSTOMER	MAILING ADDRESS	СПТУ	JOB TYPE	CASING DEPTH	SLURRY WEIGHT	DISPLACEMENT	REMARKS:	The state of the							ACCOUNT CODE	PLUDI	

TOTAL						and the second second	and the second second							
UNIT PRICE				and the state of the		のないのであってい							SALES TAX	ESTIMATED TOTAL
DESCRIPTION of SERVICES or PRODUCT	PUMP CHARGE 0HP	MILEAGE	for milerce delivery	Class & 66/410 42 cm 24 the themend	50									
QUANTITY OF UNITS		23	19. 80 tons	4 0pp	300 #								0	N. N. C. M.
ACCOUNT CODE	PLODI	100lel	12005	CB010	CPONO									

AUTHORIZATION_

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.

TITLE

DATE