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

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

	K.A.R. 82-3-			Par basino mast at 1 med		
			5 - 121-19284 • (
Name: Jim Saunders		Spot Description: 3708 North, 924 West, from SE corner				
Address 1: 38665 W. 327th Street	•					
Address 2:	/C 66064	3708 Feet from V North / South Line of Section				
city: Osawatomie state: _ F						
Contact Person: Jim Saunders	_ Footages		rest Outside Section Corner:			
Phone: (913) 731-7565		-	NE NW	✓ SE SW		
Type of Well: (Check one) Oil Well Gas Well Water Supply Well Other:		County: _				
		Lease Na		Well #: 1		
Is ACO-1 filed? Yes No If not, is we			Date Weil Completed: 07-29-2014 The plugging proposal was approved on: (Date)			
Producing Formation(s): List All (if needed attach anothe		1 P.+20		roved on:(Date)		
Depth to Top: Botto	•	L L	•			
Depth to Top: Botto	om:T,D	I	_	1.29.2014 1.29.2014		
Depth to Top: Botto	om:T.D	- Plugging	Completed:Z	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
						
Show depth and thickness of all water, oil and gas form	ations.					
Oil, Gas or Water Records	Cas	sing Record (Sur	ace, Conductor & Produ	uction)		
Formation Content	Casing Si	ize	Setting Depth	Pulled Out		
		2.5		1		
+		<u></u>	· · · · · ·			
Describe in detail the manner in which the well is plugg cement or other plugs were used, state the character of Ran 1" to bottom washed, pamped cement,	same depth placed from (bottom)	, to (top) for each	n plug set.	ods used in introducing it into the hole. If		
				·		
	•					
. 22745		та	um Oilfield Ca			
		Name: Town Oilfield Service				
Address 1: P.O. Box 339	Add	ress 2:				
City: Louisburg		State: K	ansas	Zip: 66053 +		
Phone: (913) 837-8400		<u>.</u>				
Name of Party Responsible for Plugging Fees: Jim	Saunders	 				
State of Kansas county,	Miami	, \$9.				
Jim Saunders (Print Name)		 Em	ployee of Operator or	Operator on above-described well,		
being first duly sworn on oath, says: That I have knowled the same are true and correct, so helpythe God.	lge of the facts statements, and ma	atters herein cor	tained, and the log of	the above-described well is as filed, and		
Signature: Jun Saundo	u_			.		
Signature.			-	Received KANSAS CORPORATION COMMISSION		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

AUG 1 2 2014



Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053 913-837-8400

Ticket Number_	. <u></u>
Location	
Foreman	

Field Ticket & Treatment Report Cement

Date C	ustomer# We	ell Name & Number	Section	Township	Range	County
7-29-14	Sau	nclars #1	34	17	21	MI
Customer Jim S			Address			
		City		State	Zip Code	
Job Type Plus	9 Hole Size	Hole Dep	oth 350	Casing Size 8	& Weight	1/2
•	, Drill Pipe					
Displacement	Displacement PS	SI Mix PSI		Rate		
Remarks <u>Ran</u>	1" to Box	fon washed	, surped	cenest	, pulled	1"out
	to top. 20	D sads of	class A	cenut	_	
					Kansa	Receive s corporation
						AUG 12
					co	
Account Code	Quantity or Units	Description	of Services or P	roduct		
Account Code	Quantity or Units	Description Pump Charg		roduct		WICHITA, E
Account Code	Quantity or Units		ge	roduct	Unit Price	Total
Account Code	Quantity or Units	Pump Charg	ge ck	roduct	Unit Price	Total
Account Code	Quantity or Units	Pump Charg Cement Tru	ge ck	roduct	Unit Price	Total
Account Code		Pump Charg Cement Tru Water Truck	ge ck	Product	Unit Price	Total 250 250 100
Account Code		Pump Charg Cement Tru Water Truck Cement	ge ck	Product	Unit Price	Total 250
Account Code		Pump Charg Cement Tru Water Truck Cement Gel Plug	ge ck	Product	Unit Price	Total 250
Account Code		Pump Charg Cement Tru Water Truck Cement Gel Plug	ge ck <	Product	Unit Price	250 250 100 200

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.