

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

1087093

Form CP-4

March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic

☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____

☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____

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. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West

_____ Feet from ☐ North / ☐ South Line of Section

_____ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

Date Well Completed: _____

The plugging proposal was approved on: _____ (Date)

by: _____ (KCC District Agent's Name)

Plugging Commenced: _____

Plugging Completed: _____

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

Oil, Gas or Water 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

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

STATION Ottawa OPERATOR Fred Mader

P.O. Box 884

Ticket 70000

CONSOLIDATED OIL WELL SERVICES, INC.

Chanute, Kansas 66720
Phone (316) 431-9210

Date <u>6-12-87</u>	Customer's Acct. No. <u>3425</u>	SW Sec. <u>14 12</u>	Twp. <u>16</u>	Range <u>20</u>	Well No. & Farm <u>Triple J Farms 5</u>	Place or Destination <u>Le Loup</u>
Charge To <u>Hughes Drilling Co</u>					Owner	County <u>FR</u>
Mailing Address <u>Rt #1</u>					Contractor <u>Company Tools</u>	State <u>KS</u>
City & State <u>Wellsville KS 66092</u>					Well Owner Operator Contractor	

CEMENTING SERVICE DATA

TYPE OF JOB		CASING		HOLE DATA		PLUGS AND HEAD		PRESSURE		CEMENT LEFT IN CASING	
Surface		New	<u>—</u>	Bottom Size	<u>5/8</u>	Bottom	<u>1-50</u>	Circulating	<u>300</u>	Requested	
Production	<u>—</u>	Used		Total Depth	<u>667</u>	Top		Minimum		Necessity	
Squeeze		Size	<u>2 7/8</u>			Head	<u>BV</u>	Maximum	<u>500</u>	Measured	
Pumping		Weight		Cable Tool		FLOAT EQUIPMENT		Sacks Cement	<u>843x</u>		
Other		Depth	<u>611'</u>	Rotary	<u>—</u>			Type & Brand	<u>Portland A.</u>		
		Type	<u>10RD</u>					Admixes	<u>2% Gel 2 Gel Phase</u>		

FRACTURING - ACIDIZING SERVICE DATA

Type of Job	At intervals of					
Bbls Fracturing Fluid	Breakdown Pressure from		psi to		psi	
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM	Close In
Sand	Gals. Treating Acid		Type		Open Hole Diameter	
Well Treating Through: Tubing	Casing	Annulus		Size	Weight	
Remarks:						
No Perforations	Pay Formation Name				Depth of Job	

CEMENTING

INVOICE SECTION

FRACTURING - ACIDIZING

Pumping Charge	@	Office Use	\$	Pumping Charge	@	Office Use	\$
<u>84</u> Sacks Bulk Cement	<u>5.25</u>		<u>441.00</u>	12x30 Sand	@		
Ton Mileage on Bulk Cement <u>15</u>	<u>MIN</u>		<u>32.00</u>	10x20 Sand	@		
<u>45x</u> Premium Gel	<u>6.90</u>		<u>29.60</u>	x Sand	@		
Flo-Seal	@			Ton Mileage	@		
Calcium Chloride	@			Gals., Acid	@		
<u>1-2 1/2</u> Plug Rubber	<u>7.00</u>		<u>7.00</u>	Chemicals	@		
Equipment	@			<u>Used EXTRA Cement - #5-A</u>	@		
	@				@		
	@				@		
	@				@		
	@			Potassium Chloride	@		
	@			Rock Salt	@		
Granulated Salt	@			Water Gel	@		
Transport Truck (Hrs.)	@			Transport Truck (Hrs.)	@		
Vac Truck (<u>1 1/2</u> Hrs.)	<u>38.00</u>		<u>57.00</u>	Vac Truck (Hrs.)	@		
Fuel Surcharge	@			Fuel Surcharge	@		
		Tax	<u>23.78</u>			Tax	

A Finance Charge computed at 14% per month (annual percentage rate of 21%) will be added to balance over 30 days.

Total \$ 909.88

Total \$

-10% is Paid within 10 DAYS.