



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1090122
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 #: _____
 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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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



ENTERED

TICKET NUMBER 34825
 LOCATION EUREKA
 FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APT # 15-085-20081

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-18-12	4919	JENKENS TRUST #1	34	6S	13 E	JACKSON
CUSTOMER L.D. DRILLING, INC.			Summit Dry. Co.			
MAILING ADDRESS 7 SW 26th Ave.						
CITY Great Bend		STATE KS	ZIP CODE 67530			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			520	ALLEN B.		
			667	CHRIS B.		

JOB TYPE Plug Back HOLE SIZE 12 1/4" HOLE DEPTH 97' CASING SIZE & WEIGHT 53' 13 3/8 Conductor
 CASING DEPTH _____ DRILL PIPE 4" TUBING _____ OTHER _____
 SLURRY WEIGHT 15* SLURRY VOL 60 BBL Total WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: After setting 13 3/8 Conductor = 53', Drilling Rig Lost Circulation Again while Drilling 12 1/4" Surface hole @ 84' KB depth. Dry Drill to 97' KB. Trip out Brt. Ran open End Drill pipe tag TD @ 97' Pick up 1'. Spot 150 sks CLASS "A" Cement w/ 3% CACL 2% GEL, 1" PhenoSeal, 1/2" Flo-Seal & Cotton Seed Halls. Pull Drill pipe. Wait 3 Hrs. Reran Drill pipe tag Cement @ 90' = 7' fill up. Load hole w/ water to G.L. But would FALL BACK to 30' Below G.L. Pull 1 JT Drill pipe. Spot additional 100 sks Cement @ 60'. Wait 3 hrs. Reran open End Drill Pipe. Tag Cement @ 60' Below G.L. BREAK Circulation w/ Mud Pump. Good Fluid Returns to SURFACE. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	825.00	825.00
5406	0	MILEAGE LEFT TRUCK on Location	0	N/C
1104 S	250 SKS	CLASS "A" Cement	14.95	3737.50
1102	700 *	CACL 3%	.74 #	518.00
1118 B	470 *	GEL 2%	.21 #	98.70
1107	125 *	Flo-SEAL 1/2" /sk	2.35 #	293.75
1107A	250 *	PhenoSeal 1" /sk	1.29 #	322.50
5407 A	11.75 TONS	100 miles Bulk Delv.	1.34	1574.50
			Sub Total	7369.95
			SALES TAX 7.7%	382.73
			ESTIMATED TOTAL	7752.68

200613

THANK You 7.7%

AUTHORIZATION Dan Cox TITLE Summit Dry Toolpusher DATE _____

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

