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** 

1090901

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

Form CP-4

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

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 #: Gas Storage Permit #:   ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #:	County: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC <b>District</b> Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

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

Oil, Gas or Water	Records		Casing Record (Surfa	ce, Conductor & Produc	tion)
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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operat	tor or 🗌 Operator on a	bove-described well,
	The state of the second s	a state was with the set of the set is a set of the set of the set of the set	the second the second	devel in a file of and

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

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## **TY WELL** SERVICE, INC.

5548

Federal Tax I.D. # 481187368 Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410 Office / Fax 620-672-3663

Rich's Cell 620-727-3409 Brady's Cell 620-727-6964

	Total Charge				Signature
	Discount				
	lax				
	Тау				
			Mileage		
		narge	Pumptrk Charge		
			Latch Down		
	-				
			AFU Inserts		· .
			Baskets		
			Centralizer		
		Ø	Guide Shoe	1 Stan	3 1/2 1/2 24
	NT	FLOAT EQUIPMENT			
		*****	State Mileage		56 611 July 25
			Handling		4. The loo & Kala
			No Fred Sand	32 242 20/00 +	1st plug 1400
		CFL-117 or CD110 CAF 38	<u> </u>		D/V or Port Collar
		48	Mud CLR 48		Baskets
			Kol-Seal		Centralizers
			Flowseal		Mouse Hole
			Salt		Rat Hole
		м., к	Hulls	JOB SERVICES & REMARKS	JOB SERVI
			Calcium		Pickup No.
			Gel. //		Bulktrk No.
			Poz. Mix		Bulktrk No.
		120	Common	A228,	ТГ
				EQUIPMENT	de la compañía
492 30%	5K5 50/40"	Cement Amount Ordered Zac	Cement A	Displace	Meas Line
agent or contractor.	d supervision of owner	The above was done to satisfaction and supervision of owner agent or contractor.	The above	Shoe Joint	Cement Left in Csg.
	State		City	Depth	Tool
			Street	Depth	Tbg. Size
	(cas	+ 1 - King	Charge To	Depth	$c_{sg.} \in V_{2}$
to work as listed.	er or contractor to c	and helper to assist own	cementer	T.D,	Hole Size
) + + ) ) ) / h =		To Quality Well Service, Inc.	To Quality		Type Job
	-		Owner	Jac H. Lawood C.	Contractor
	KSKENT	, Ex Iwant	Location atex	Well No. A.F	Lease DAYNES
r (II)SH			Hayle		Date 5-16-12 1
			Compty	Sec Two Range	
- FOFA	S CEL 020-727-6964	S.ADZ.G			

Taylor Printing, Inc.