



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

KANSAS CORPORATION COMMISSION 1104094  
OIL & GAS CONSERVATION DIVISION

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.  
 \_\_\_\_\_  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



STATION Ottawa OPERATOR Long Cement

P.O. Box 884  
Chanute, Kansas 66720  
Phone (316) 431-9210

**Ticket**  
**42497**

# CONSOLIDATED OIL WELL SERVICES, INC.

Date <u>7-26-83</u>	Customer's Acct. No. <u>7936</u>	Sec. <u>142</u>	Twp. <u>17</u>	Range <u>24</u>	Well No. & Farm <u>S Rigney Hwy</u>	Place or Destination <u>Lansburg</u>
Charge To <u>Triple J</u>			Owner			County <u>Marion</u>
Mailing Address			Contractor			State <u>Kansas</u>
City & State			Well Owner Operator Contractor			

## CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New	Bore Size	Bottom	Circulating	Requested
Production	Used	Total Depth	Top	Minimum	Necessity
Squeeze	Size <u>2"</u>		Head	Maximum	Measured
Pumping	Weight	Cable Tool	FLOAT EQUIPMENT		Sacks Cement
Other	Depth <u>470</u>	Rotary			Type & Brand
	Type				Admixes

## 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
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 \_\_\_\_\_ Ft. \_\_\_\_\_

## CEMENTING INVOICE SECTION FRACTURING - ACIDIZING

CEMENTING				FRACTURING - ACIDIZING			
Pumping Charge	Office \$	Pumping Charge	Office \$				
Pumping Charge <u>Aug 1st @ PPP</u>	Use \$ <u>150.-</u>	Pumping Charge	@				
Sacks Bulk Cement <u>112 @ 5.00</u>	<u>1101</u>	12x30 Sand	@				
Ton Mileage on Bulk Cement <u>35 @</u>	<u>6401</u>	10x20 Sand	@				
Premium Gel	@	x Sand	@				
Flo-Seal	@	Ton Mileage	@				
Calcium Chloride	@	Gals., Acid	@				
Plug	@	Chemicals	@				
	@		@				
Equipment	@		@				
	@		@				
	@		@				
	@		@				
	@	Potassium Chloride	@				
	@	Rock Salt	@				
Granulated Salt	@	Water Gel	@				
Transport Truck ( Hrs.)	@	Transport Truck ( Hrs.)	@				
Vac Truck ( <u>2</u> Hrs.)	@ <u>44.00</u>	Vac Truck ( Hrs.)	@				
Fuel Surcharge	@	Fuel Surcharge	@				
	Tax		Tax				

A Finance Charge computed at 1 3/4% per month (annual percentage rate of 21%) will be added to balance over 30 days.

Total \$ 547.21

Total \$ \_\_\_\_\_