



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

KANSAS CORPORATION COMMISSION 1126296  
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.  
\_\_\_\_\_  
(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

INVOICE

# LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.  
GREAT BEND, KANSAS 67530  
(620) 792-2167

7290

Date 12-12-12

CHARGE TO: Pratt Well Service

ADDRESS \_\_\_\_\_ CUSTOMER ORDER NO. PWS121212-02

R/A SOURCE NO. \_\_\_\_\_ LEASE AND WELL NO. Contad #31-9 0ww0 FIELD \_\_\_\_\_

NEAREST TOWN \_\_\_\_\_ COUNTY Kingman STATE KS

SPOT LOCATION NE-SE SEC. 31 TWP. 28S RANGE 9W

ZERO 5' Agl CASING SIZE 4 1/2" WEIGHT \_\_\_\_\_

CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH 2324' FLUID LEVEL \_\_\_\_\_

ENGINEER LeeBretz OPERATOR Heath Buckler

Description	No. Shots	Depth		Amount
		From	To	
<u>Cut 4 1/2" casing at 1731'</u>	<u>1</u>		<u>1731</u>	<u>850.00</u>

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>Dump 4 sacks Cement</u>					<u>360.00</u>

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge	<u>1</u>	<u>550.00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Customer Signature David W. Buckler Date \_\_\_\_\_

Sub Total 1760.00

Tool Insurance \_\_\_\_\_

Tax (352.00)

1408.00

Customer Pratt Well Service Lease No. \_\_\_\_\_ Date 12-13-12  
 Well # 31-9 County Kingman State KS  
 Field Order # 2511 Station Contad Pearl Casing 4 1/2" Depth 1500 Formation \_\_\_\_\_  
 Type Job ECSPW P.T.A. Legal Description \_\_\_\_\_

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME			
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad		Max		5 Min.	
Volume	Volume	From	To	Pad		Min		10 Min.	
Max Press	Max Press	From	To	Frac		Avg		15 Min.	
Well Connection	Annulus Vol.	From	To	Flush		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To			Gas Volume		Total Load	

Customer Representative		Station Manager	Treater
<u>David Torsio</u>	<u>Dave Scott</u>	<u>Dave Scott</u>	<u>Steve Orlando</u>
Service Units	Driver Names		
<u>27283</u>	<u>Orlando, Mubaw, Calloway</u>		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped
<u>8:30 AM</u>			
			Rate
			<u>Dr Location - Safety meeting</u>
			<u>Casing @ 1498'</u>
			<u>Mix 1500' cement @ 13.8#/gal</u>
<u>9:30 AM</u>			<u>Displacement with H2O</u>
			<u>Content Spilled</u>
			<u>Pull Casing to 900'</u>
			<u>H2O to circulate</u>
			<u>Mix 3500s cement @ 13.8#/gal</u>
<u>10:50</u>			<u>pull tubing to 300'</u>
			<u>H2O to circulate</u>
			<u>Mix cement</u>
<u>11:50</u>			<u>cement to surface</u>
			<u>pull 300' casing</u>
<u>12:00</u>			<u>top off well</u>
			<u>500 cement</u>
			<u>Tracking Slows</u>