

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

1151126

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

7/10

W & W Production Company

1150 Highway 39

Chanute, Kansas 66720-5215

Mobile: 620-431-5970

Phone: Office/Home 620-431-4137

Invoice

DATE	INVOICE NO.
6/29/2013	46706

BILL TO
Colt Energy C/O Rex Ashlock PO Box 388 1112 Rhode Island Rd. Iola, Kansas 66749

Plug Wells Spencer Lease #3 Sec 6-18-21 Franklin County, Kansas

SERVICED	ITEM	DESCRIPTION	QTY	RATE	AMOUNT
6/25/2013	Pump Truck	Pump Charge Well# 3 Squeeze & Close in 700#.	1	500.00	500.00T
	Cement	For plugging 597100267-808.50	25	10.00	250.00T
6/27/2013	Pump Truck	Pump Charge Well# 3 Squeeze & Close in 750#.	1	500.00	500.00T
	Cement	For plugging William/Spencer 310000267-840.84	28	10.00	280.00T
6/27/2013	Pump Truck	Pump Charge Well# 4 Squeeze & Close in 700#.	1	500.00	500.00T
	Cement	For plugging William/Spencer 311000267-830.06	27	10.00	270.00T
6/27/2013	Pump Truck	Pump Charge Well# 1 Squeeze & Close in 810#.	1	500.00	500.00T
	Cement	For plugging William/Spencer 308000267-819.28	26	10.00	260.00T
6/27/2013	Pump Truck	Pump Charge Well# 2 1" fill up. Ran 1" to TD & fill with cement to surface.	1	500.00	500.00T
	Cement	For plugging William/Spencer 309000267-862.40	30	10.00	300.00T
				Sales Tax (7.8%)	\$301.08
				Total	\$4,161.08

Fax #	Fed. I.D. 48-0843238
620-431-3183	carolwimsett4@yahoo.com

JUL 2 2013