



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

KANSAS CORPORATION COMMISSION 1152378
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

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E&P INC	DATE 10-JUN-13	F.R. # 1001993599	SERV. SUPV. Jonathan M Schulz
LEASE & WELL NAME HEIMERMAN FARMS 3104 #25-1 - API 15191226550	LOCATION 25-31S-4W		COUNTY-PARISH-BLOCK Sumner Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG #		TYPE OF JOB Plug & Abandon

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
	Provided by Customer						

MATERIALS FURNISHED BY BJ	LAB REPORT NO.	PHYSICAL SLURRY PROPERTIES						
		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER
water spacer			8.34				10	
Lower Plug		42	16.4	1.06	4.35		11	6.02
water			8.34				25	
Top Plug		65	16.4	1.06	4.35		12	6.58
water			8.34				5	

Available Mix Water <u>400</u> Bbl.	Available Displ. Fluid _____ Bbl.	TOTAL	63	12.61
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HOLE			TBG-CSG-D.P.							COLLAR DEPTHS		
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		4611	8.921	9.625	36	CSG	389	389				

LAST CASING					PKR-CMT RET-BR PL-LINER			PERF. DEPTH		TOP CONN		WELL FLUID		
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE		DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
											2.875	8RD		

DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	WATER
25	BBLS	water	8.34					1500			Frac Tank

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: Arrive on location 0600, Held Location Safety Meeting 0800, Return to location 1000 on 6/11/13

PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES 2500 PSI	
						CIRCULATING WELL - RIG <input type="checkbox"/> BJ <input checked="" type="checkbox"/>	
08:00						Held Location Safety Meeting	
09:30	2500				WATER	Test Pumps & Lines	
09:33	17		2		WATER	open well/start water spacer	
09:40	327		3	10	WATER	break circulation/ end spacer	
09:42	97		2		SLURRY	start slurry @ 16.4ppg	
09:46	66		2	11	SLURRY	end slurry	
09:48	0		2		WATER	start displacement	
09:56	291		2	25	WATR	bbls pumped/ see lift pressure/ shutdown	
09:57	0			-2		open bleed off	
10:00						release to rig to pull 6 stands	
10:00						Arrive on location on 6/11/13	
14:56	2900					Test pumps & lines	
14:59	53		2		WATER	open well/start water spacer	
15:02	54		2	5	WATRE	end water spacer	
15:03	94		2		SLURRY	start slurry @ 16.4ppg	
15:06	65		2	12	SLURRY	end slurry/ shutdown	
15:08	0					turn well over to rig	
						Thanks for using BHI Pressure Pumping	
						Jonathan Schulz & Crew	

CEMENT JOB REPORT



PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES 2500 PSI	
						CIRCULATING WELL - RIG <input type="checkbox"/> BJ <input checked="" type="checkbox"/>	
BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	<u>SERVICE SUPERVISOR SIGNATURE:</u>
Y <input checked="" type="checkbox"/> N		Y <input checked="" type="checkbox"/> N	0	75	0	Y <input checked="" type="checkbox"/> N	