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** 

1153474

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 #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  SWD Permit #:  SWD 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)	County: Well #: 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	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d wall is as filed 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



## TREATMENT REPORT

Acid Stage No.

Company 2 1 Well Name & N Location County By Casing: Size Formation Formation Formation Liner: Size Ceme Tubing: Size &	D D RT No. JS / / SS ECL Type & Wi ented: Yes/No. Wi. orated from	L(TN) -/2 Type & Wt. Perforated fro	Perf. Perf. Perf. Top at. Swung at. ft. to.	). No. 4/10.9.4 	Bi Bi Bi Bi Flush Treated from from from Actual Volume of Oil /Wa Pump Trucks. No. Used: Auxiliary Equipment Packer: Auxiliary Tools Plugging or Sealing Mater	ol. /Gal. ol. /Gal. ol. /Gal. ol. /Gal. ft. to ft. to ft	Sand Size    Pounds of Saud
					Treater Dreade	- 2	
Company R TIME a.m /p.m.	epresentative PRESS Tubins	e <u>perss</u> SURES Casing	Total Fluid Pumped			E M A R K 8	
1:00				on Loc	ATION		
				0	Tete LAG	10 119 - 11	1200#116
				at 1400'		70 470 711	w/200# hulls
:					2 SKS GOLG	10 4% w/10	off Lulls at
				9001			
				Circulate	(rom 450	1 wil 200	5 KI 60/40
				476 2/10	O# hulls		
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