



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

KANSAS CORPORATION COMMISSION 1155982
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

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.
8/19/2013	46774

BILL TO
Verde Oil Company 3345 Arizona Road Savonburg, Kansas 66772

Plug Well Cambell 85-145 Allen County, Kansas

SERVICED	ITEM	DESCRIPTION	QTY	RATE	AMOUNT
8/14/2013	Pump Truck Cement Gel	Pump Charge For plugging Gel - 5 sacks	1 77 5	500.00 10.00 30.00	500.00T 770.00T 150.00T
		Pipe ran to T.D. Pumped 50' plug using 14 sacks portland cement. After pumping 5 sacks gel. Pulled pipe to 500' pump 50' plug using 14 sacks portland cement. Pulled pipe to 250' pump 49 sacks of portland cement to surface. Pull pipe & wash out.			
8/14/2013	Pump Truck	Cambell C-13A (Try to Squeeze well would not take. Run pipe inside hit cement.) NO CHARGE			0.00
				Sales Tax (7.4%)	\$105.08
				Total	\$1,525.08

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