



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

KANSAS CORPORATION COMMISSION 1156079
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 03-AUG-13	F.R. # 10011004789	SERV. SUPV. James Kirkpatrick
LEASE & WELL NAME CIRCLE INDUSTRIES 3310 #25-1H - API 150072383	LOCATION 25-33S-10W		COUNTY-PARISH-BLOCK Barber Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG # MERCER 142		TYPE OF JOB Plug & Abandon

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
	No Shoe, Cust sup						

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
H2O			8.3				5	
classh,0.01%staticfree		75	16.4	1.06	4.35		14 7.67	
H2O			8.3				5	
H2O			8.3				5	
classh,0.01%staticfree		115	16.4	1.06	4.35		22 12.07	
H2O			8.3				1	
Available Mix Water		50	Bbl. Available Displ. Fluid		100	Bbl. TOTAL		52 19.73

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		850	8.921	9.625	36	CSG	850	850				
			2.441	2.875	6.5	TBG	850	850	J-55			
			2.441	2.875	6.5	TBG	225	225	J-55			

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	FRESH WATER	8.3

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
6	BBLs	H2O	8.3				5810	350	5880	350	Transport
		H2O	8.3								

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: NO PROBLEMS

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 3000 PSI					
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>					
						LOWER PLUG					
14:45	2900				H2O	TEST LINES, START H2O SPACER AHEAD					
14:48	234		3	5	H2O	PUMP 5 BBL H2O SPACER, BATCH UP CMT AND START CMT DOWNHOLE					
15:00	105		3	14	CEMENT	PUMP 14 BBL CEMENT @ 16.4 #, START DISPLACEMENT					
15:05	123		3	5	H2O	PUMP 5 BBL H2O DISPLACEMENT, SHUT DOWN AND TURN OVER TO RIG					
						CEMENT: 75 SACKS CLASS H + 0.01% STATIC FREE					
						UPPER PLUG					
13:35	3300				H2O	TEST, START 5 BBL H2O AHEAD					
13:40	75		3	5	H2O	PUMP H2O AHEAD, START CEMENT @ 16.4 #					
13:48	110		3	22	CEMENT	PUMP 22 BBL CEMENT, START 1 BBL H2O DISPLACEMENT					
13:50	100		3	1	H2O	PUMP 1 BBL DISPLACEMENT, SHUT DOWN AND RETURN TO RIG					
						CEMENT: 115 SACKS CLASS H + 0.01% STATIC FREE					
						THANK YOU FOR USING BAKER HUGHES, JIM AND 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 3000 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input 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	SERVICE SUPERVISOR SIGNATURE:
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		52	0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	