



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

KANSAS CORPORATION COMMISSION 1159575
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

Date 7-19-13 District Liberal Ticket No. 052308
 Company Rt B O.I + Gas Rig _____
 Lease Deppenbusch C Well No. 10W020
 County Harper State KS
 Location _____ Field _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight 15.5 Collar _____
35 sk @ 1466 ft
35 sk @ 1079 ft

LEAD: Pump Time _____ hrs. Type 60/40 - 4% Gel
 Excess _____
 Amt. 130 Skys Yield 1.42 ft³/sk Density 13.8 PPG

TAIL: Pump Time _____ hrs. Type Class A - Neat
 Excess _____
 Amt. 50 Skys Yield 1.18 ft³/sk Density 15.6 PPG

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top 1466 ft Bottom _____

Pump Trucks Used _____
 Bulk Equip. 470-528

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

Float Equip: Manufacturer _____

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. .0238 Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. .0309 Lin. ft./Bbl. _____
Balance Bbls/Lin. ft. .0577 Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type Fresh Water Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Kirby Harper

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
0835						On location - Spott Rig up
0900						Safety meeting
0910		100			11	2 Break Circulation
0918		100			9	3 Start Mixing 35 sk 60/40 @ 13.8 PPG
0921		100			0	3 Start Displacement
0934		-			30	Shut Down - Pull to 1079 ft
1017		50			9	2 Start Mixing 35 sk 60/40 @ 13.8 PPG
1023		50			0	3 Start Displacement
1032		-			21	Shut Down - Pull to 266 ft
1124		-			7	2 Pump Water
1132		-			15	3 Mix 60 sk 60/40 @ 13.8 PPG
1139		-				Both w/casing
1200		-				Top off Well