

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1159901

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 #:				API No. 1	5		
				Spot Des	cription:		
Address 1:					Sec	Twp S. R	East West
Address 2:					Feet from	North / South	Line of Section
City:	State: _				Feet from	East / West	Line of Section
Contact Person:				Footages	Calculated from Nea	rest Outside Section Corn	er:
Phone: ()					NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathoo	dic	County			
Water Supply Well	Other:	SWD Permit #:		-		Well #:	
ENHR Permit #:	Gas	Storage Permit #:				vven #	
Is ACO-1 filed? Yes	No If not, is	well log attached? Yes	No			proved on:	
Producing Formation(s): List	All (If needed attach and	other sheet)				(KCC Distri	
Depth	to Top: E	Bottom: T.D		•			-
Depth	to Top: E	Bottom: T.D					
Depth		Bottom:T.D		Plugging	Completed:		
Show depth and thickness o	f all water, oil and gas f	ormations.					
Oil, Gas or Wate	er Records		Casing R	ecord (Sur	face, Conductor & Prod	luction)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		lugged, indicating where the mu er of same depth placed from (bo					
Plugging Contractor License	#:		_ Name: _				
Address 1:			_ Address	2:			
City:				State:		Zip:	_+
Phone: ()							
Name of Party Responsible	for Plugging Fees:						
State of	Cour	nty,		_ , SS.			
					nployee of Operator o	r Operator on above	-described well
	(Print Nam			_ <u> </u>	inhioyee of Operator o	Detator on above	-uescribed well,

Submitted Electronically

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

ab

700 S. Washington P. O. Box 66 Plainville, KS 67663 785-434-2079

DATE: 12-32	TIME: 5-06 AMUM
Tool Pusher Signature:	
Company Representative:	
Company Name: Amount Polecot O.	Counsila #3
Spud Date: 12-130/2 KCC Representative:	
Conductor Size:inches_ set at	
Surface Casing: Proposed setting depth	ft_ Sizeinches
Surface Casing: Minimum	ft. Alt I/II
Drilling Fluid Mgmt. Normal @ con	ompletionsalt/completionSteel pits (Approved haul off pit)
Plugging: P.O. received from:	Phone # 785 - 625 - 94/7
Drlg T.D. 3650 ft. Final T.D.	Phone # 785-625-94/7 ft. Anhydrite: T 1685 B 1719 Else 2/02
Surface Casing: Size 5 3 set @	ft. with 60 sacks of cement
Did cement circulate to surface?Yes	No
Did you rat hole ahead? Yes No	
Plug Arbuckle @ ft. with	th sacks of cement.
Plug Hugoton/Council Grove @	ft with sacks of cement.
Plug Anhydrite/S.P. @ 1400 ft. with	th 25 sacks of cement.
Plug Usable Water @	ft with sacks of cement
Plug Fresh Water @ 1000	ft. with 100 sacks of cement.
Plug Base Surface Casing @	ft, with 40 sacks of cement
4 Plug Top of Surface Casing @ 50 ft. wit	
Circulate rat hole with a sacks of cement	Circulate mouse hole with 10 sacks of cement
Water Supply Well: Yes 4 No W	Vho will plug?
Cement: 60/40 POZ mix 15% gel 1/4 # fl	llo seal 2-3% C. C.
Start Time: (AM/PM) Completion Time:	Date 12-20-12 2:30 PM/PM Completion Date: 12-21-12
Cement Company Name: Aller Company	, shy
Set Pipe: T.D. ft. Prod. Casing	g size: <u>inches</u> set at <u>ft.</u> with <u>sacks</u> of
cement. DV Tool/Port Collar set atft. Cen	mented with sacks of cement. Did cement
	?
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