



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

**KANSAS CORPORATION COMMISSION 1162341**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
March 2009

**Type or Print on this Form**  
**Form must be Signed**  
**All blanks must be Filled**

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**

Well Name: Mathews 1-8H

Contractor/Rig: Patterson-UTI 421

State: KS

County: Barber

SHL: 1630' FSL & 2084' FEL

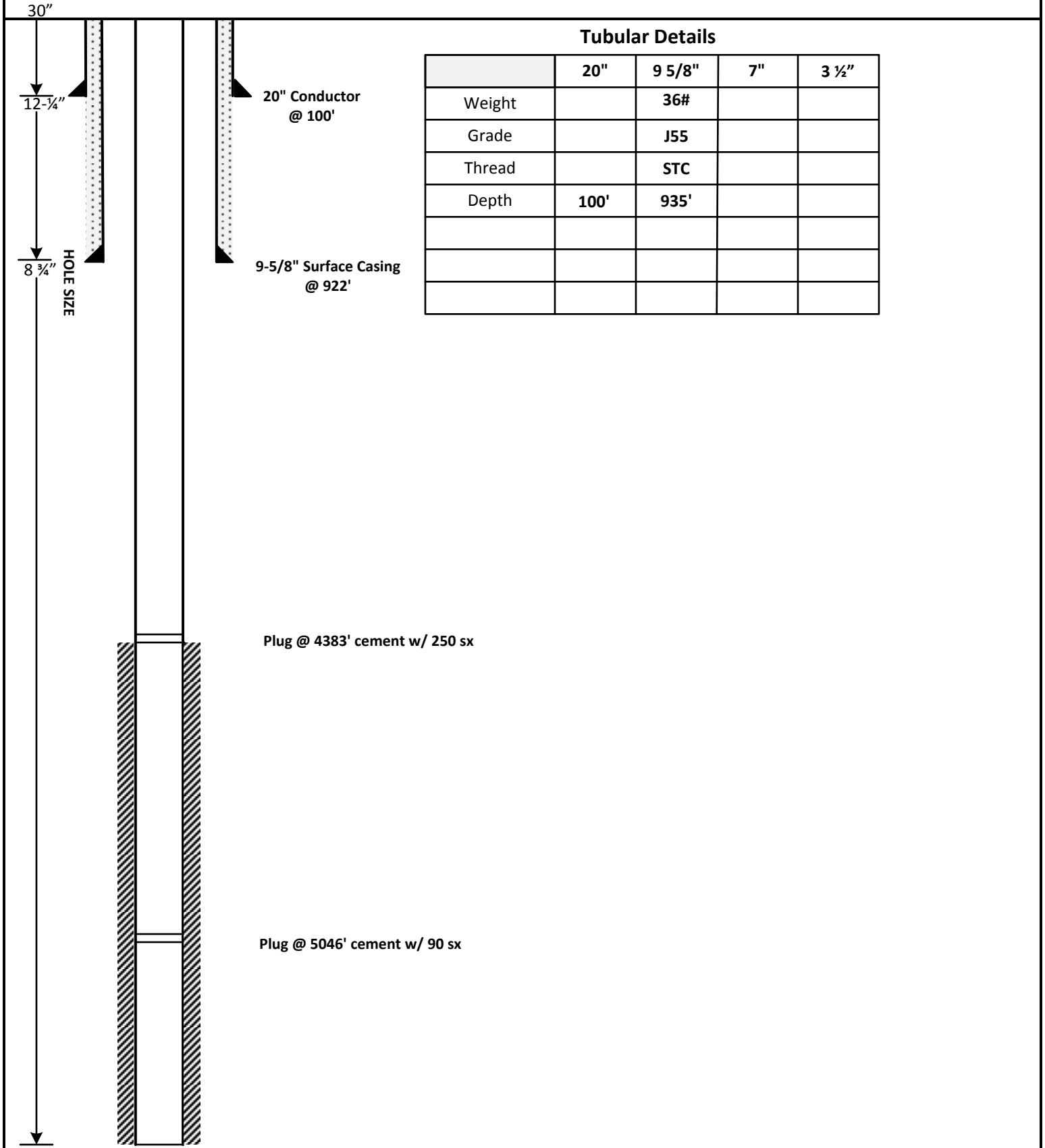
Township:

**As Run**

GL Elev: 1538' KB: KB Elev:

BHL:

Permit Number: 15-007-23979-00-00



Tubular Details

	20"	9 5/8"	7"	3 1/2"
Weight		36#		
Grade		J55		
Thread		STC		
Depth	100'	935'		

# ALLIED CEMENTING CO., LLC. 038116

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
*Medicine Lodge*

DATE <i>1-27-13</i>	SEC <i>33</i>	TWP <i>13S</i>	RANGE <i>8W</i>	CALLED OUT <i>6:30</i>	ON LOCATION <i>9:15</i>	JOB START <i>11:00</i>	JOB FINISH <i>3:00</i>
LEASE <i>Mathews</i>	WELL # <i>1 (CWD)</i>	LOCATION <i>Sharon Kato Bluestein Rd</i>	COUNTY <i>Barber</i>	STATE <i>KS</i>			
OLD OR NEW (Circle one) <i>(NEW)</i>	S to S of Rd, S into						

CONTRACTOR *Patterson* OWNER *Tug Hill*

TYPE OF JOB *Plug Back*

HOLE SIZE *8 3/4* T.D. *5050*

CASINO SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE *4"* DEPTH *5046*

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

CEMENT *250*

AMOUNT ORDERED *250 x class H + 1.25%*

*CD-31 + 5% salt + 14 Defoamer*

*90 x class H + 75% CD-31 + 20 cc + 4%*

*Floscal + 1/4 Defoamer*

COMMON *Class H 250 @ 21.20 7200.00*

POZMIX @

GEL @

CHLORIDE @

ASC @

*CD-31 357 @ 10.30 3677.10*

*Salt 8 @ 26.35 210.80*

*Defoamer 84 @ 9.90 831.20*

*Floscal 22 @ 2.97 65.54*

EQUIPMENT

PUMP TRUCK CEMENTER *Ron Gilley 1*

# *558-553* HELPER *Scott Triddy 2*

BULK TRUCK

# *561-553* DRIVER *Jason Otto 3*

BULK TRUCK

# DRIVER *James Bowen 3*

HANDLING *355.51 @ 2.48 881.66*

MILEAGE *35 x 116.57 / 2.60 1507.87*

*599.95* TOTAL *14323.27*

REMARKS:  
*See Cement Log*

CHARGE TO: *Tug Hill*

STREET

CITY STATE ZIP

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *X*

SIGNATURE *X*

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE *1st 2099.25*

EXTRA FOOTAGE @ *2nd 765.75*

MILEAGE *25 @ 7.70 216.50*

MANIFOLD @

*Light Veh 35 @ 4.40 154.00*

TOTAL *6288.50*

PLUG & FLOAT EQUIPMENT

*None*

①

②

③

④

⑤

TOTAL

SALES TAX (If Any) *10% 1509.36*

TOTAL CHARGES *20,662.47*

DISCOUNT *35% 7231.87* IF PAID IN 30 DAYS

Net \$ *13,430.60*