

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1168491

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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

COLT ENERGY, INC. — OIL OPERATION

WELL PULLING RECORD

Date

Lease Name

Wolfe

Well No.

RW-34

Reason for Pulling

Type of Pump Removed

Special Equip. Removed (Anchors, Checks, etc.)

T.D., SLM Fluid Level from Surface

Well Conditions Seen (Corrosion, Gas, Gyp, Paraffin, Sand, etc.)

Chemical Treatment (Kind and Amount)

Type of Pump Run In

Special Equipment (Anchors, Checks, etc.) Run In

Additional Information; including jack or other repairs, tubing clamp loose, and oil cleanup.

Washed on Well with 1"

Called In By

Signed By

Bate

COLT ENERGY, INC. — OIL OPERATION

265-865
251-865
264-865

WELL PULLING RECORD

Date 4-26-2010

Lease Name Wells Well No. RW-34

Reason for Pulling _____

Type of Pump Removed _____

Special Equip. Removed (Anchors, Checks, etc.) _____

T.D., SLM _____ Fluid Level from Surface _____

Well Conditions Seen (Corrosion, Gas, Gyp, Paraffin, Sand, etc.) _____

Chemical Treatment (Kind and Amount) _____

Type of Pump Run In _____

Special Equipment (Anchors, Checks, etc.) Run In _____

Additional Information; including jack or other repairs, tubing clamp loose, and oil cleanup. _____

Drilled down from 84' to 875'
Ready to plug.

Called In By _____ Signed By Butcher

COLT ENERGY, INC. — OIL OPERATION ²⁶⁵ 2 hrs

WELL PULLING RECORD

Date 4-28-10

Lease Name Wolfe

Well No. RW-34

Reason for Pulling _____

Type of Pump Removed _____

Special Equip. Removed (Anchors, Checks, etc.) _____

T.D., SLM _____ Fluid Level from Surface _____

Well Conditions Seen (Corrosion, Gas, Gyp, Paraffin, Sand, etc.) _____

Chemical Treatment (Kind and Amount) _____

Type of Pump Run In _____

Special Equipment (Anchors, Checks, etc.) Run In _____

Additional Information; including jack or other repairs, tubing clamp loose, and oil cleanup. _____

~~Failed~~ Plugged well with 35 sacks
of cement & pulled 1" out.

Called In By _____

Signed By Bertil



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 22614
LOCATION Ottawa KS
FOREMAN Fred Maden

JOB TYPE <u>Plug</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>2"</u>
CASING DEPTH <u>900'</u>	DRILL PIPE <u>1" to 875'</u>	TUBING <u>Perfs @ 862'</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT <u>NA</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>1 1/2 BPM.</u>

REMARKS: Establish circulation thru 1" tubing, mix & pump 20 sks class A cement. Cement to surface. Pull 1" tubing & top off well - 15 sks 35 sks total cement

Customer Supplied Water

[illegible]

Rayin 3737

AUTHORIZTION

TITLE

DATE _____