



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

KANSAS CORPORATION COMMISSION 1174605  
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



**Acidizing  
AND  
Cementing  
Services**

P. O. Box 751  
Crescent, OK 73028  
(405) 969-3093

**INVOICE**

**№ 011792**

WELL NO. AND FARM <b>2230 Brandt</b>	COUNTY <b>Finney</b>	STATE <b>Kansas</b>	DATE <b>11-12 / 11-13</b>
CHARGE TO <b>Titan</b>		LEGAL SECTION	TWP RANGE
ADDRESS		OWNER <b>Sandridge</b>	
CITY, STATE, ZIP		CONTRACTOR	
		SHIPPED VIA <b>Co/veh.</b>	
		DELIVERED TO <b>Loc.</b>	
		WELL TYPE <b>O &amp; B</b>	
		TYPE AND PURPOSE OF JOB <b>P+H</b>	
TERMS <b>NET</b>	DUE BY THE 20TH OF FOLLOWING MONTH. INTEREST CHARGED AFTER 60 DAYS FROM DATE OF INVOICE.		

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
		L	D		QTY.	MEAS.	QTY.	MEAS.		
<b>11-12</b>				<b>MILEAGE X 3</b>						
				<b>Pump charge</b>			<b>1</b>	<b>ea.</b>		
				<b>Bulk Delivery</b>			<b>300</b>	<b>SKS</b>		
				<b>Class (C) Cement</b>			<b>300</b>	<b>SKS</b>		
				<b>Calcium Chloride</b>			<b>600</b>	<b>lbs</b>		
<b>11-13</b>				<b>Mileage x 1</b>						
				<b>Pump charge</b>			<b>1</b>	<b>ea</b>		
				<b>Bulk Delivery</b>			<b>225</b>	<b>SKS</b>		
				<b>Class (C) Cement</b>			<b>225</b>	<b>SKS</b>		
				<b>Calcium Chloride</b>						

WAS JOB SATISFACTORILY COMPLETED? _____ WAS OPERATION OF EQUIPMENT SATISFACTORY? _____ WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____ X _____ Customer or His Agent	<b>TAX REFERENCES</b> <b>Thank You!!</b> SUB TOTAL <b>10,000<sup>00</sup></b> TAX _____ TAX _____ TAX _____ <b>Cody R Weber</b> Operator TOTAL <b>10,000<sup>00</sup></b>
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