



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

**KANSAS CORPORATION COMMISSION 1175244**  
**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**



TREATMENT REPORT

Acid Stage No. \_\_\_\_\_

Date 12/20/2013 District \_\_\_\_\_ F.O. No. 40582
Company SCHECK OIL OPERATIONS
Well Name & No. SAMS AMESWORTH #9
Location \_\_\_\_\_ Field \_\_\_\_\_
County RICE State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Bkdown \_\_\_\_\_ Bbl./Gal.
\_\_\_\_\_ Bbl./Gal.
\_\_\_\_\_ Bbl./Gal.
\_\_\_\_\_ Bbl./Gal.
Flush \_\_\_\_\_ Bbl./Gal.

Casing: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.
Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_
Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_
Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_
Liner: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.
Cemented: \_\_\_\_\_ Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.
Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft.
Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.
Open Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0
from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0
from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0
Actual Volume of Oil / Water to Load Hole: \_\_\_\_\_ Bbl./Gal.
Pump Trucks. No. Used: Std. 318 Sp. \_\_\_\_\_ Twin \_\_\_\_\_
Auxiliary Equipment 317-308
Personnel BRANDON JOE MIKE
Auxiliary Tools \_\_\_\_\_
Plugging or Sealing Materials: Type \_\_\_\_\_
Gals. \_\_\_\_\_ lb.

Company Representative KELSO Treater BRANDON

Table with columns: TIME, PRESSURES (Tubing, Casing), Total Fluid Pumped, REMARKS. Contains text entries such as 'ON LOCATION', 'PUMP 75 BBL OF DRILLING MUD AND CIRCULATED MUD...', 'TAGGED AT 800'', 'THANKS BRANDON'.