

**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

1184622

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

**RCA WELL SERVICE REPORT**

Well Name & No. Akins # 42 COMPANY NAME: Daystar  
 County: \_\_\_\_\_ Report Date: 1 - 17 - 2014

TBG DATA	SIZE	# OF JOINTS	# & SIZE OF SUBS	STATOR SIZE & LOC	MUD ANCHOR SIZE & LOC	S/N LOC
<u>Working string</u>	<u>2 3/8</u>	<u>49</u> <u>1362</u>				
ROD DATA	SIZE	# OF RODS	# & SIZE OF PONYS	ROTOR	INSERT PUMP DESCRIPTION	

**ACTIVITY LAST 24 HOURS**

TIME ON LOCATION	TIME OFF LOCATION	RIG #	OPERATOR	RIG HANDS	DEPTH OF FAILURE

RIG MOVE IN/OUT: \_\_\_\_\_

CREW TRUCK: \_\_\_\_\_

SPECIAL TOOLS USED: Tongs x2Tubing TR, Working string

DESCRIPTION OF WORK PERFORMED: Loggers Perked 4 1/2" at 250' and 790'  
Ran 49 joints Taped bottom at 1362. Pull one joint leaving 1345'  
Pump Plug. Trip to 811' pump second Plug Trip to 278' pump cement  
To surface. Lay rest of tubing out, top 7' tile off and Flush Working string.  
Rig down.

Part failed:	Trouble:	Cause:
Tubing	Hole	Corrosion
Rods	Split	Erosion
Pump	Stuck	Fatigue
Rotor	Parted	Paraffin
Stator	Twisted Off	Rod Wear
	Collapse	Sand
	Debris	Over Pumping
	Slipping	Normal Wear
	Not pumping	Torque

**MATERIALS USED/REPLACED**

CHARGED:

	YES/NO
	YES/NO
	YES/NO
	YES/NO
	YES/NO

Location:	Severity:	Action:
Body	Light	Replace
Coupling	Moderate	Repair
Barrel	Severe	Remove
Plunger	N/A	Change Type
Screen		None

RCA WELL SERVICE  
 615 N. POPLAR  
 EUREKA, KS 67045  
 (620) 583-5545 - OFFICE