

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

1184633

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 # 53 COMPANY NAME: Daystar
 County: _____ Report Date: 1-12-20

TBG DATA	SIZE	# OF JOINTS	# & SIZE OF SUBS	STATOR SIZE & LOC	MUD ANCHOR SIZE & LOC	S/N LOC
working string	2 3/8	47 1473				
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 &working string, tubing TR.

DESCRIPTION OF WORK PERFORMED: Loggers Perforated 4 1/2" at 250' and 820'
Taped at 1473' picked off bottom a few feet Pump First Plug. Trip 20
Salts to 847' Pump second plug, Trip 19 Salts to 247' Pump third
Plug to surface. Removed tubing top off from surface. 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