



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

KANSAS CORPORATION COMMISSION 1184653
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.

(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 # 67 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>2 3/8</u>	<u>46</u> <u>1437'</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: Torqs x 2
working string, Tubing TR.

DESCRIPTION OF WORK PERFORMED: Loggers Perf well at 250' and 792'
Ran 2 3/8 working string Taped 1437' picked Tubing a few feet off Bottom
Pump First Plug, Trip to 811' pump second plug Trip 16 joints to 278'
Pump cement to surface. lay down Rest of string top off from
surface.

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