



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

KANSAS CORPORATION COMMISSION 1194718
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

JOB SUMMARY

COUNTY Barber		State Kansas		COMPANY Hridge Exploration & Produc		PROJECT NUMBER SOK 3335	TICKET DATE 01/14/14
LEASE NAME Lambert 3014				Well No. 1-34		JOB TYPE Surface	
CUSTOMER REP Bill Tomlinson				EMPLOYEE NAME marcos quintana			

EMP NAME					
marcos quintana	0				
nate cotta					
walles berry					
flo falkelina					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **80** Pressure _____

Retainer Depth _____ Total Depth **1033**

	Called Out	On Location	Job Started	Job Completed
Date	1/13/2014	1/13/2014	1/14/2014	1/14/2014
Time	1500	1950	500	630

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

New/Used		Weight	Size	Grade	From	To	Max. Allow
Casing		36#	9 1/2"		Surface	1,033	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4"		Surface	1,033	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Wate BBL.		10 8.33
Spacer type	BBL.		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		In
NE Agent	Gal.		In
Fluid Loss	Gal/Lb		In
Gelling Agent	Gal/Lb		In
Fric. Red.	Gal/Lb		In
MISC.	Gal/Lb		In

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
1/13	9.0	1/14	1.5	Surface
Total	9.0	Total	1.5	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX 1,500 PSI	AVG. 140
Average Rates in BPM	
MAX 6 BPM	AVG 6
Cement Left in Pipe	
Feet 44	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	325	EX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P	11.11	2.01	12.40
2	125	Premium Plus (Class C)	2% Calcium Chloride - 1/4pps Cello-Flake	6.32	1.32	14.80
3	0	0		0	0.00	0.00

Summary					
Preflush Breakdown	_____	Type: _____	Preflush: BBI	10.00	Type: Fresh Water
		MAXIMUM	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal N/A
		Lost Returns-N	Excess /Return BBI	77	Calc. Disp Bbl 77
		Actual TOC	Calc. TOC:	SURFACE	Actual Disp. 77.00
Average		Bump Plug PSI: 850	Final Circ. PSI:	310	Disp:Bbl _____
'SIP _____	5 Min. _____	10 Min. _____	Cement Slurry: BBI	145.7	
		15 Min. _____	Total Volume BBI	232.73	

CUSTOMER REPRESENTATIVE *Bill Tomlinson* SIGNATURE

JOB SUMMARY

PROJECT NUMBER SOK 3349		TICKET DATE 01/21/14	
COUNTY Barber	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Bill Tomlinson
LEASE NAME Lambert 3014	Well No. 1-34	JOB TYPE Plug to Abandon	EMPLOYEE NAME ROBERT BURRIS

EMP NAME	Robert Burris	ERIC PARSONS			
	Mike Hall				
	Cheryl Newton				
	DAVID THOMAS				

Form. Name _____ Type: _____

Packer Type _____ Set At **~1,070'**

Bottom Hole Temp. **95** Pressure _____

Retainer Depth _____ Total Depth **0**

Date	Called Out	On Location	Job Started	Job Completed
	1/20/2014	1/20/2014	1/21/2014	1/21/2014
Time	12:30	15:00	24:22	15:30

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size	Grade	From	To
Casing		36#	9 5/8"		Surface	0
Liner						
Liner						
Tubing			4 1/2"			
Drill Pipe						
Open Hole			4" & 9 5/8"		Surface	1,070
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
	WBM	Density	Lb/Gal
Mud Type		9	
Disp. Fluid	Fresh Water	Density	8.33
Spacer type	Fresh Water BBL.	10	8.33
Spacer type	BBL.		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		In
NE Agent	Gal.		In
Fluid Loss	Gal/Lb		In
Gelling Agent	Gal/Lb		In
Fric. Red.	Gal/Lb		In
MISC.	Gal/Lb		In
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
1/20	24.0	1/21	0.9	Plug to Abandon
Total	24.0	Total	0.9	

Pressures	
MAX 1,500 PSI	AVG. 100
Average Rates in BPM	
MAX 6 BPM	AVG 3
Cement Left in Pipe	
Feet 0	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	230	TEX Lite Premium Plus 60 4% Gel		6.32	1.35	14.10
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns-N _____	Actual TOC _____	Bump Plug PSI: _____
Average ISIP _____	5 Min. _____	10 Min. _____	15 Min. _____	Final Circ. _____	Cement Slurrv: _____
Preflush: BBI	10.00	Load & Bkdn: Gal - BBI	N/A	Excess /Return BBI	4
Calc. TOC: _____	SURFACE	Final Circ. _____	PSI: _____	Cement Slurrv: BBI	55.0
Total Volume _____	BBI	Total Volume _____	BBI		85.00
Type: Fresh Water		Pad:Bbl-Gal	N/A	Calc.Disp Bbl	20
Actual Disp.	20.00	Disp:Bbl			

CUSTOMER REPRESENTATIVE _____ *Steve M.* _____
SIGNATURE