

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

KANSAS CORPORATION COMMISSION 1195945
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 #: 5556
Name: Viva International, Inc.
Address 1: 8357 MELROSE DR
Address 2: _____
City: LENEXA State: KS Zip: 66214 + 1629
Contact Person: ROBERT P BUKATY
Phone: (913) 859-0438
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____
☒ ENHR Permit #: E26719.22 ☐ 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 - 15-003-24007-00-00
Spot Description: _____
SW NW SE NE Sec. 31 Twp. 22 S. R. 19 ☒ East ☐ West
3338 Feet from ☐ North / ☒ South Line of Section
991 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Anderson
Lease Name: DONLEY Well #: I 21
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 07/17/2013
Plugging Completed: 07/17/2013

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
		SURFACE	7	20	0
		PRODUCTION	2.875	905	0

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.

RUN 1" IN 2" CASING TO 900' FILL TO SURFACE WITH PORTLAND CEMENT A TOTAL OF 30 SACKS WERE USED TO PLUG THE WELL

Plugging Contractor License #: 33120 Name: Rhodes, Derek Leon dba Rhodes Well Service
Address 1: 4990 WISCONSIN RD Address 2: _____
City: BRONSON State: KS Zip: 66716 + _____
Phone: (620) 363-1093
Name of Party Responsible for Plugging Fees: VIVA INTERNATIONAL, INC
State of KANSAS County, JOHNSON, ss.
ROBERT P BUKATY ☒ 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