



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

KANSAS CORPORATION COMMISSION 1204540
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



267547

TICKET NUMBER 46300
 LOCATION 180
 FOREMAN Jeff Shell

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-159-22154-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/21/14	1155	Coldwater C #1	17	20	9	Rice

CUSTOMER
Bruce oil co.
 MAILING ADDRESS
1704 Limestone Rd
 CITY
McPherson STATE
KS ZIP CODE
67460

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Jeremy A		
713	Dustin K		
539	Jeff S		

JOB TYPE Plug B HOLE SIZE 7 7/8 HOLE DEPTH 3345 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 3345 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting broke circ. at 1200ft pumped 35 SKS 60/40 poz mix 4% Gel 3% calcium displaced with 28 1/2 bbls fresh water Pulled pipe up to 800ft broke circ. Pumped 35 SKS of 60/40 poz mix 3% calcium 4% gel 1 lb of poly displaced with 19 bbls fresh water Pulled pipe up to 250ft broke circ. Pumped 10.5 SKS 60/40 poz mix 4% gel filled pipe and hole to surface pulled pipe hole standing full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	730.00	730.00
5406	106	MILEAGE	4.20	445.20
1131	17.5 SKS	60/40 Poz mix	13.18	2306.50 ✓
1118B	700 lbs	Gel	.22	154.00 ✓
1107	50 lbs	Poly flake	2.47	123.50 ✓
5407A	9 ton	Ton Mileage delivery	1.41	1345.14 ✓
1102	300 lbs	calcium	.78	234.00 ✓
			Sub total	5338.34
			Minus Discount	845.40 ✓
			Sub Total	4492.94
			SALES TAX	141.03 ✓
			ESTIMATED TOTAL	4633.97 ✓

completed

AUTHORIZATION Bul [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.