

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

1206368

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



CONSOLIDATED
Oil Well Services, LLC

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

266893

TICKET NUMBER 42733

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-24-14	4448	Chisam # KRI-26	SE 15	19	22	Mi

CUSTOMER
Kansas Resources Expl & Dev

MAILING ADDRESS
9393 W 110th St

CITY Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mader		
495	Harvey		
675	Kidder		
548	Mikhael		

JOB TYPE Plug HOLE SIZE 5 7/8 HOLE DEPTH 495 CASING SIZE & WEIGHT N/A

CASING DEPTH 0 DRILL PIPE TUBING OTHER

SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING Full

DISPLACEMENT N/A DISPLACEMENT PSI MIX PSI RATE 1 1/2 BPM

REMARKS: Hold crew safety meeting. Rig ran 1" tubing to TD. Spot 545
Cement @ TD. Pull 1" tubing to 50'. Fill to surface w/
Cement. Pull remaining 1" tubing. Top off well w/ Cement.
Wash out 1" tubing.

Total 417 SKS 50/50 Per 2% Gel Cement

Jackman Well Ser.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE <u>plug to Abandon</u>	495	1065.00 ✓
5406	35 mi	MILEAGE	495	147.75 ✓
5407	Minimum	Ten Miles	548	368.00 ✓
5502C	2 hrs	80 BBL Vac Truck	675	200.00 ✓
1124	47 SKS	50/50 Per Mix Cement	540.50	25414.50 ✓
111813	237#	Premium Gel.	52.14	12369.18 ✓
		Material	592.64	
		Less 30%	-177.79	
		Total Material		414.85
			2392.64	
			-177.79	2214.85
			SALES TAX	31.24 ✓
			ESTIMATED TOTAL	2246.09 ✓

OK'd by J. Green



completed

AUTHORIZATION No Co Rep on Site.

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 for