

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

KANSAS CORPORATION COMMISSION 1213440
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 #: _____

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



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 47034
LOCATION Ottawa KS
FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-8-14	6316	No. Earl Grey # 45	NE 19	26	17	Wb
CUSTOMER Patrick Development Corp						
MAILING ADDRESS 3408 W 93rd St						
CITY Leawood		STATE KS	ZIP CODE 66206			

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fre Mad		
495	Har Bec		
675	Kel Det		
558	Mat Coc		

JOB TYPE <u>Plug.</u>	HOLE SIZE <u>—</u>	HOLE DEPTH <u>750</u>	CASING SIZE & WEIGHT <u>2 1/8</u>
CASING DEPTH <u>750</u>	DRILL PIPE <u>1"</u>	TUBING <u>to TD</u>	OTHER <u> </u>
SLURRY WEIGHT <u> </u>	SLURRY VOL <u> </u>	WATER gal/sk <u> </u>	CEMENT LEFT in CASING <u>Full</u>
DISPLACEMENT <u>N/A</u>	DISPLACEMENT PSI <u> </u>	MIX PSI <u> </u>	RATE <u>1.3pm</u>

REMARKS: Hold crew safety meeting. Rig ran 1" Tubing to TD. Fill to surface w/ Cement. Rig pull 1" tubing. Top off well w/ Cement. Wash out 1" Tubing.

Total 35 Sicks 50/50 Por Mix Cement 2% Gel

Fred Maden

[illegible]

Bayin 3737

AUTHORIZATION me / Hancock 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.