



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

KANSAS CORPORATION COMMISSION 1216231
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.
 _____ 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



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

TICKET NUMBER **46604**
LOCATION Oakley, Ks.
FOREMAN Danen

FIELD TICKET & TREATMENT REPORT
CEMENT

Ko.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7/8/14	2199	O.Brata 1-1	1	23	40	Hamilton	
CUSTOMER <u>Chesapeake</u>		Syracuse		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		N To 13		731	Cory		
		E To T		530	Robert		
CITY		3/4 S E into		529	Lance		
STATE		ZIP CODE					

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 2675'
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 13 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE Perfs 2631 To 2642

REMARKS: Safety Meeting Rig up on Exact "7" mix 100 SKs 69 40 4% Gel 1/4" Floseal
with 250* Hulls Displace to 1200* Pressure to 500* it Held Release Break Down
log Hole Run Tubing mix 85 SKs Cement To Surface Hook up to Back side mix
to SKs Down it Pull Tubing + Top of Casing, Rig Down
255 SKs

AFE # 803116

Thanks Danen & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	\$650.00	\$650.00
5406	75	MILEAGE	\$5.25	\$393.75
5407A	9.29	Ton Mileage Delivery	\$1.75	\$1219.31
1131	216 SKs	60/40 60/20 mix	\$15.86	\$3425.76
1118B	743 #	Bentonite	\$0.27	\$200.61
1107	54 #	Floseal	\$2.93	\$160.38
1105	250 #	Cotton Seed Hulls	\$0.58	\$145.00
	1	4 1/2 Rubber Plug	\$55.75	\$55.75
			SubTotal	\$6250.56
			Less 10%	\$625.05
			SubTotal	\$5625.51
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737 AUTHORIZATION Dennis J. [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