



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

KANSAS CORPORATION COMMISSION 1220664
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



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	L. D. Drilling, Inc.		Lease No.	1-21		Date	07-26-14		
Lease	Ziegemeier		Well #	1-21		Service Receipt	1717 05966 A		
Casing	4 1/2" DP	Depth	2700'		County	Rawlins		State	KS
Job Type	PTA		Formation			Legal Description	21-5-32		
Pipe Data				Perforating Data				Cement Data	
Casing size	Tubing Size		Shots/Ft				Lead 240 sks		
Depth	Depth		From	To		60/40 P02			
Volume	Volume		From	To		400 bbl			
Max Press	Max Press		From	To		13.8 ppg			
Well Connection	Annulus Vol.		From	To		Tail in			
Plug Depth	2700' 1850' 375'		Packer Depth	From		To			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log				
0500					Called Out				
1000					On Location				
					Safety Meeting				
1045					Set up				
					1 st Plug 50 sks 2700'				
1120		100	12.7	3	8.2 BBLs MW 12.7 BBLs slurry				
1130		100	33	4	Displace 33 BBLs				
					2 nd Plug 100 sks 1850'				
1235		100	25	4	16 BBLs MW 25 BBLs slurry				
1250		100	17	3	Displace 17 BBLs				
					3 rd Plug 50 sks 375'				
1430			12.7	3	8.2 BBLs MW 12.7 BBLs slurry				
1440			1.4	1	Displace 1.4 BBLs				
1540			2.5	1	Top Surface Plug 10 sks 40'				
					1.7 BBLs MW - 2.5 BBLs slurry				
1530			7.6	2	Rat Hole 30 sks				
					5 BBLs MW 7.6 BBLs slurry				
1545					Washing				
					Job Completed				
					THANKS				
Service Units	21755	38117-19911	30463-19566						
Driver Names	Roger	Tom	Daniel						

Bill White
Customer Representative

Jerry Bennett
Station Manager

Roger Green
Cementer