



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

KANSAS CORPORATION COMMISSION 1222439
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



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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 48592
LOCATION El Dorado
FOREMAN Fuzz
125

DATE	7-24-14	CUSTOMER #	4897
WELL NAME & NUMBER	Hubert #1	CUSTOMER	Lechmanway Oil
CITY	STATE	MAILING ADDRESS	
JOB TYPE P-1A HOLE SIZE 4 1/2 CASING DEPTH DRILL PIPE 4 1/2 TUBING SLURRY VOL WATER gals/sk CEMENT LEFT in CASING OTHER CASING SIZE & WEIGHT HOLE DEPTH REMARKS: Safety meeting on Mallard Wells. Risk up and plus BS ordered with 110 sks 60/40 pos 490 gal.			
TRUCK #	DRIVER	TRUCK #	DRIVER
32	245	446	Josh
502	Bill		

355K @ 268'	255K @ 60'	205K	MW	305K	PH
355K @ 268'	255K @ 60'	205K	MW	305K	PH

Thanks Fuzz Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54050	1	PUMP CHARGE	1085.00	1085.00
5406	40	MILEAGE	42.00	168.00
5407	4.7 ton	For Mileage Delivery (min)	144	368.00
1131	110 sks	60/40 pos	13.18	1449.00
1118B	378 #	Bondoride	.22	83.16
				3153.96
		3090 disc cement mix 40/60		459.88
				2694.88
				8746
				2781.54

AUTHORIZATION
 TITLE Miller
 DATE

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