

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

1223073

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: _____

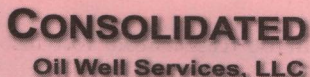
State of _____ County, _____, ss.

(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



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 46475
LOCATION EL Dorado
FOREMAN Fuzz

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-15-14		Lumber + 2 SWA	32	315	5E	Rowley
CUSTOMER W. Roy O. I LLC						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

JOB TYPE <u>AWP</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>4 1/2</u>
CASING DEPTH _____	DRILL PIPE _____	TUBING <u>2 3/8</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting @ Sam's Well Service. Rig up and plugs ordered
mix 35 sacks 60/40 49 and 490cc w/poly floke @ 1944'
mix 35 sacks 60/40 49 and 490cc w/poly floke @ 2773'
Pull to 300' previous plug clean. Perf @ 270' mix 20 sacks
60/40 pos 49 and circulate to surface thru 4" 2 + 8 5/8 + fill 4" 2
casing
275 sacks Total cement

Thanks
Forever

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	730 ⁰⁰	730 ⁰⁰
5406	35	MILEAGE	420	147 ⁰⁰
5407	11.240N	Ton mileage Delivery	141	582 ³³
1131	275 gals	60140 pos	1318	3624 ⁵⁰
1119B	Fluoride #	G+L	.22	220 ⁰⁰
1102	500#	Calcium chloride	.78	390 ⁰⁰
1107	50#	Poly-Slote	242	123 ⁵⁰
				5812 ³³
				5812.33 + 266.49 = 6478.82
				5235 ⁶⁰
			SALES TAX	366 ⁴⁹
			ESTIMATED TOTAL	602 ⁰⁹

Ravin 3737

AUTHORIZTION

TITLE Turner

DATE 9-15-2014

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.