



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

KANSAS CORPORATION COMMISSION 1223163
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

Date 8/26/14 District ML-KS Ticket No. 163231
 Company Chesapeake Rig Allison W/S
 Lease Hayward A Well No. 1-28
 County Cedarvale State KS
 Location 121 Williams KS Field 28-31-176

CEMENT DATA:
 Spacer Type: Gel 1155x
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 5/8 Type 2 Weight 24# Collar _____

LEAD: Pump Time _____ hrs. Type 60.40.4 / Gel
 Excess _____
 Amt. 150 Sks Yield 1.4 ft³/sk Density 14.1 PPG

Casing Depths: Top 0 Bottom 1027

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 WATER: Lead 6.7 gals/sk Tail _____ gals/sk Total 24 Bbls.

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 1/8 T.D. 1027 ft. P.B. to _____ ft.

Pump Trucks Used 892/555
 Bulk Equip. 561/643

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 0.637 Lin. ft./Bbl. 15.7
 Open Holes: Bbls/Lin. ft. 0.602 Lin. ft./Bbl. 16.5993
 Drill Pipe: TEB Bbls/Lin. ft. 0.0387 Lin. ft./Bbl. 258.6
 Annulus: Bbls/Lin. ft. 0.548 Lin. ft./Bbl. 18.2401
 Bbls/Lin. ft. 0.582 Lin. ft./Bbl. 17.18
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER _____

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
1:00P						On Location Safety Meeting
1:10P						Review / Safety Meeting
1:15P	1000					Hydro Test
	40		20		3.1	Mix Pump Gel 1155x
	40		12.5		3.5	Mix Pump 50.5x cmf
1:30P	40		3		3	Displace
						TOC 789.501
						Pull pipe to 60'
1:40P	100		12.5		3.5	Mix Pump 50.5x cmf
1:45P	100		1.5		3	Displace
						TOC 2061
						Pull pipe to 60'
1:55	40		12.5		3.5	Mix Pump 50.5x cmf
						Pull pipe Washup
2:05P						

FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs. THANK YOU

