



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

KANSAS CORPORATION COMMISSION 1225040
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

LOG-TECH OF KANSAS, INC.

P.O. BOX 885
 GREAT BEND, KANSAS 67530
 (620) 792-2167

INVOICE

8150

Date 9-4-14

CHARGE TO: CHLAPLANE OPERATING LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. CONRADY B-2-1 FIELD _____
 NEAREST TOWN DENOA COUNTY HARTER STATE KC
 SPOT LOCATION NW-NE-NE SEC. 1 TWP. 31S RANGE 9W
 ZERO 015 CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL 4170
 ENGINEER S. G. HENDER OPERATOR M. MOULTON

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES

Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>DUMP 200' Cement</u>	<u>0</u>	<u>4350</u>	<u>4350</u>	<u>44</u>	<u>190.00</u>

MISCELLANEOUS

Description	Quantity	Amount
Service Charge		<u>500.00</u>
<u>5 1/2" ALPWA LK</u>		<u>700.00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Sub Total	<u>2187.00</u>
Code Ref. Tool Insurance	
..... Tax	
.....	
.....	
.....	<u>2029.00</u>

Customer Signature _____ Date 9/4/14

Date 9-8-2014 District ML Ticket No. 64377
 Company Chesapeake Oper, CO- Rig Illinois W/S
 Lease _____ Well No. _____
 County Hanger State KS
 Location Zenda South 40 Field _____
CO. Hwy 1 1/2 E, S15

CEMENT DATA:
 Spacer Type: 100# Hulls
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size _____ Type _____ Weight _____ Collar _____

LEAD: Pump Time _____ hrs. Type Class + 37.0
+ 100# Hulls Excess _____
 Amt. _____ Skys Yield _____ ft³/sk Density 15.6 PPG

Casing Depths: Top _____ Bottom _____

TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. 2.5 Skys Yield 1.17 ft³/sk Density 15.6 PPG
 WATER: Lead 5.2 gals/sk Tail 5.2 gals/sk Total _____ Bbls.

Pump Trucks Used 812-302 Jason Thimmesch
421- Ryan Reeves

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 0.637 Lin. ft./Bbl. 15.70
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. 0.0387 Lin. ft./Bbl. 25.6
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

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 Pravog

CEMENTER Carl Balding

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						on location + Rig up. have safety meeting. Rig up for tubing. Pressure test to 500 psi.
10:05 AM	260 200		26 13.79 17.29	6 7.29 3.5	3 4 3	Start freshwater mix 35 sk cement w/ Hulls Displace w/ 3 1/2 bbls water
						2 nd plug 949' - 929'
11:55 AM	200 200		21.29 22.79	4 1.5	3	load hole w/ fresh mix 35 sk cement Displace w/ freshwater
						3 rd plug
12:45 PM	50		60.79	37.50	3	circulating cement + from 459' to surface w/ 180 sk A

