



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

KANSAS CORPORATION COMMISSION 1231671
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

CEMENT FIELD TICKET AND TREATMENT REPORT

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Customer:	Legand	State, County:	Crawford, Kansas	Cement Type:	CLASS A
Job Type:	Plug	Section:		Excess (%)	
Customer Acct #:		TWP:		Density	13.6
Well No.:	McCunn Plug #2	RGE:		Water Required	6.42
Mailing Address:		Formation:		Yield	1.43
City & State:		Tubing:		Sacks of Cement	65
Zip Code:		Drill Pipe:		Slurry Volume	16
Contact:		Casing Size:	6	Displacement	0.5
Email:		Hole Size:		Displacement PSI	
Cell:		Casing Depth:	224	MIX PSI	
Dispatch Location:	EUREKA	Hole Depth:		Rate	

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	100	PER MILE	\$4.20	\$ 420.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				EQUIPMENT TOTAL	\$ 1,873.00

Cement Chemicals and Water		Quantity	Unit	Price per Unit	
1124	50/50 POZMIX CEMENT W/ NO ADDITIVES	65	0	\$11.50	\$ 747.50
1118B	PREMIUM GEL/BENTONITE (50#)	100	0	\$0.22	\$ 22.00
1110A	KOL SEAL (50 # SK)	350	0	\$0.46	\$ 161.00
1105	COTTONSEED HULLS (45#)	45	0	\$0.46	\$ 20.70
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	30% Discount		0	\$0.00	\$ 285.36
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	3	0	\$17.30	\$ 51.90
				CHEMICAL TOTAL	\$ 1,288.46

Water Transport		Quantity	Unit	Price per Unit	
5502C	80 BBL VACUUM TRUCK (CEMENT)	12	BL VACUUM TRUCK (CEM)	\$90.00	\$ 1,080.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				TRANSPORT TOTAL	\$ 1,080.00

Cement Floating Equipment (TAXABLE)		Quantity	Unit	Price per Unit	
Cement Basket					
0	Centralizer		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Float Shoe		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flapper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	DV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Plugs and Ball Sealers		0	\$0.00	\$ -
0	Downhole Tools		0	\$0.00	\$ -
0			0	\$0.00	\$ -

9308-50

TRUCK#	DRIVER NAME			CEMENT FLOATING EQUIPMENT TOTAL	\$
690	John Wade			SUB TOTAL	\$ 4,241.46
485	Zevi		7.15%	SALES TAX	\$ 71.72
667	Jeff			TOTAL	\$ 4,313.18
637	Renee		0% (-DISCOUNT)		\$ -
				DISCOUNTED TOTAL	\$ 4,313.18

AUTHORIZATION Doug Ferrina
 DATE 11/10/14

TITLE _____
 FOREMAN John Wade

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.

