

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

1237231

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

APR # 15-103-21357

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

TICKET NUMBER 50777
LOCATION OFTAW9
FOREMAN SIGN MADE

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-2-14	9999	Miller #1	SE 24	12	20	LV
CUSTOMER						
Ballo Well Service						
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
1021 Brown Ave.			730	Alma	Safety	Meat
CITY			368	Alma		
STATE			675	Kelley		
ZIP CODE			548	Dan		
Osawatomie KS						

JOB TYPE <u>Plng</u>	HOLE SIZE <u>-</u>	HOLE DEPTH <u>-</u>	CASING SIZE & WEIGHT <u>278</u>
CASING DEPTH <u>800?</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT	DISPLACEMENT PSI <u>1200</u>	MIX PSI <u>800</u>	RATE <u>45 gpm</u>

REMARKS: Held meetings. Established rates. Mixed & pumped
25 sk 30/50 cement plus 6% gel with 20th
cotton seed hulls, to fill casing to perfs plus 5 sk.
Well squeezed at 1700 PSI. Closed valve
leaving casing full.

30.5k total

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5708A	1	PUMP CHARGE	368	500. ⁰⁰
5709G		MILEAGE	368	
5702	800'	casing footage	368	
5707	1/2 min	ten miles	548	184. ⁰⁰
55D2L	1	BO vac.	675	100. ⁰⁰
1124	30	50/50 cement	345 ⁰⁰	
1118B	151#	gel	33.22	
		material sub	378.22	
		less 30% -	113.47	
		Material total		264.75
			(1189.26)	
		SALES TAX		18.93
		ESTIMATED TOTAL		1067.68

Ravin 3737

Flavin 3737

AUTHORIZTION

TITLE

DATE _____

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.