



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

KANSAS CORPORATION COMMISSION 1239726
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

8309

Date 12-4-2014

CHARGE TO Chesapeake Operating LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Madamet SWD #1 FIELD _____
 NEAREST TOWN Mollinville COUNTY K.uss STATE K.S.
 SPOT LOCATION 660' ENL'S 1060 TEL SEC. 18 TWP. 29s RANGE 20e
 ZERO Ground level CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH #53 FLUID LEVEL 1300
 ENGINEER Lance Gregg OPERATOR J. Welch

PERFORATING							
Description	Depth	Rate	Quantity	Unit	Cost	Amount	Notes

DEPTH AND OPERATIONS CHARGES							
Description	Depth	Rate	Quantity	Unit	Cost	Amount	Notes
Set 5 1/2 CIDP DBS	A1	D	5830	5830	27	1166	00
Dump 2' of Cement	A1	O	5830	5870	-	130	00

MISCELLANEOUS			
Description	Quantity	Unit	Amount
Service Charge	1		550
5 1/2 CIDP DB-S Weatherford	1		750

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	2656	00
Code Ref.		
Tool Insurance		
Tax		
	2514	00

Customer Signature: _____ Date: _____



CEMENTING LOG

STAGE NO.

Date 12/8/14 District Midland KI Ticket No. 63068
 Company Chesapeake Rig Alliance
 Lease Mc Dermott 1 SWD Well No. 1 SWD
 County Kiowa State KS
 Location Vic Mulholland KS Field 18-295-20

CEMENT DATA: Spacer Type: Gel
 Amt. 15 Skys Yield _____ ft³/sk Density _____ PPG

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

LEAD: Pump Time _____ hrs. Type 60:40:4%Gel
 Amt. _____ Skys Yield 1.4 ft³/sk Density 14.1 PPG

Casing Depth: Top _____ Bottom 600

TAIL: Pump Time _____ hrs. Type _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG
 WATER: Lead 6.7 gals/sk Tell _____ gals/sk Total _____ Bbls

235 - 1336

Pump Trucks Used 886/265
 Bulk Equip. 281/252

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

Float Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____

CAPACITY FACTORS
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

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

COMPANY REPRESENTATIVE Keith

CEMENTER Jason Thinesch

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						On loc, safety, rig up
1245PM	1000		14 BBL		2 1/2	Press test
1248PM	50		30 BBL		3 1/2	Pump Gel spacer
1258PM	200		12 1/2 BBL		3 1/2	Mix + Pump 50% cement slurry TOC 1143
103PM 105PM	200		4 1/2 BBL		3 1/2	Disp w/ Fresh H ₂ O Pull tubing to 630
133PM 133PM	150		1 1/2 BBL		3 1/2	Mix + Pump 50% cement slurry Disp w/ Fresh H ₂ O Pull tubing to 60 TOC 431
147PM 150PM	100		6 1/2 BBL		3 1/2	Mix + Pump 25% cement slurry circ cement to surface shut down