



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

KANSAS CORPORATION COMMISSION 1241048
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

GLOBAL CEMENTING, L.L.C.

1551

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT
RUSSELL, KS

DATE 12-6-2014	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH	
LEASE BEALMAN	WELL # 1-32	LOCATION			COUNTY	STATE		
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)					SHERIDAN			KS

CONTRACTOR MAVERICK 108
TYPE OF JOB PLUG

OWNER

HOLE SIZE	T.D.
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS	
DISPLACEMENT	

CEMENT AMOUNT ORDERED 255 SK 60/40 POZ W/
4% GBL / 1/4 FLO

EQUIPMENT

PUMP TRUCK # P1	CEMENTER BEARD HELPER BUD
BULK TRUCK # B3	DRIVER MARK
BULK TRUCK #	DRIVER

COMMON	<input type="checkbox"/>	
POZMIX	<input type="checkbox"/>	
GEL	<input type="checkbox"/>	
CHLORIDE	<input type="checkbox"/>	
ASC	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
HANDLING	<input type="checkbox"/>	
MILEAGE	<input type="checkbox"/>	
		TOTAL

PLUGS
1st - 2530' - 50 SK - WASH UP - 2.5 MIN MUD
2nd - 1625' 100 SK - 11 BBL DIS
3rd - 360' 50 SK - 2.5 BBL DIS
4th - 40' 10 SK - MH 15 SK RA - 30 SK
WASH UP

REMARKS:

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		
EXTRA FOOTAGE	<input type="checkbox"/>	
MILEAGE 56	<input type="checkbox"/>	
MANIFOLD	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
		TOTAL

CHARGE TO: CULBREATH OIL & GAS
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Dr. Hole Plug	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
		TOTAL

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side. THANK YOU

PRINTED NAME Todd E. Mersch
SIGNATURE Todd E. Mersch

SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT _____ IF PAID IN 30 DAYS