



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

KANSAS CORPORATION COMMISSION 1242204
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

Customer	Endeavor	State, County	Sumner, Kansas	Cement Type	CLASS A
Job Type	Plug	Section		Excess (%)	
Customer Acct #		TWP		Density	15.6
Well No.	Thomas #1	RGE		Water Required	5.2
Mailing Address		Formation		Yield	1.18
City & State		Tubing	2 3/8	Sacks of Cement	210
Zip Code		Drill Pipe		Slurry Volume	44.1
Contact		Casing Size	4 1/2	Displacement	0.5
Email		Hole Size		Displacement PSI	
Cell		Casing Depth	420	MIX PSI	250
Dispatch Location	EUREKA	Hole Depth		Rate	3.5
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)	75	PER MILE	\$4.20	\$ 315.00
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	\$ -
EQUIPMENT TOTAL					\$ 1,768.00
Cement, Chemicals and Water					
1104S	CLASS A CEMENT (SALES) BLEND(SK)	210	0	\$15.70	\$ 3,297.00
1105	COTTONSEED HULLS (45#)	45	0	\$0.46	\$ 20.70
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	30% Discount		0	\$0.00	\$ (995.31)
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					\$ 2,374.29
Water Transport					
5502C	80 BBL VACUUM TRUCK (CEMENT)	4	BL VACUUM TRUCK (CEM)	\$90.00	\$ 360.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ 360.00
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
0			0	\$0.00	\$ -
Downhole Tools					
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ -
SUB TOTAL					\$ 4,502.29
SALES TAX					\$ 224.08
TOTAL					\$ 4,726.37
DISCOUNT					\$ -
DISCOUNTED TOTAL					\$ 4,726.37
TRUCK#	DRIVER NAME				
690	John Wade				
485	Zevi				
667	Jeff				
637	Renee				

6.65%

0% (-DISCOUNT)

DISCOUNTED TOTAL \$ 4,726.37

AUTHORIZATION _____
DATE _____

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.

