



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

KANSAS CORPORATION COMMISSION 1243000
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



CEMENTING LOG

Date 1/28/2015 District Liberal # 21 Ticket No. 65417
 Company Chesapeake Energy Rig ict Well Service (Worko
 Lease McCoy Well No 326
 County Haskell State Ks
 Location _____
 Field _____
 Casing Data Conductor PTA Squeeze Misc.
 Surface Intermediate Production Liner
 Size 8 5/8 Type P-110 Weight 24# Collar _____
2 3/8 4.7# tubing

CEMENT DATA
 Spacer Type Fresh Water
 Amt. _____ Sks Yield _____ ft³/sk Density 8.33 PPG

LEAD: Time _____ hrs. Type 60/40 Poz Class A
4% gel Excess _____
 Amt. 110 Sks Yield 1.42 ft³/sk Density 13.8 PPG
 TAIL: Time _____ hrs. Type Class A Common

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 WATER Lead _____ Gal/sk Tail 6.9 Gal/sk Total 25 BBLs

Casing Depths Top _____ Bottom 1890

Pump Trucks Used: 531-541
 Bulk Equipment 955-554

Drill Pipe: BBLs/LIN. FT _____ LIN. FT/BBL _____
 Open Hole: BBLs/LIN. FT _____ LIN. FT/BBL _____
 Capacity Factors: BBLs/LIN. FT _____ LIN. FT/BBL _____
 Casing BBLs/LIN. FT 0.00387 LIN. FT/BBL _____
 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 _____

Float Equipment: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Bottom _____
 Stage Collars _____
 Special Equipment _____
 Disp: Fluid Type Fresh Water Amt _____ bbls Weight 8.33 PPG
 Mud Type _____ Weight _____

COMPANY REPRESENTATIVE _____ CEMENTER Edgar A. Rodriguez

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	PUMPED PER TIME PERIOD	RATE BBLs/MIN	
2:05 pm						Got to location and spotted trucks. Rig up iron.
2:45						Safety meeting
						1st plug @1890'
2:57	280		5		2-Jan	Pump 5 bbls of fresh water
3:00	90		12.5		2.5	Pump 50 sks of cmt (12.5 bbls @13.8)
3:05	60		6		2.5	Pump 6 bbls of displacement
3:08						Shutdown / Come out of hole with tubing
						2nd plug @750'
3:42	60		10		2	Pump 40 sks of cmt (10 bbls @13.8)
3:47	20		2		2	Pump 2 bbls of displacement
3:48						Shutdown / Come out of hole with tubing
						3rd plug @60'
4:08	20		5		2	20 sks of cmt (5 bbls @13.8)
4:10						Shutdown / Come out of hole with last of tubing
4:18	20				2	Top off
4:20						Clean lines and truck
4:35						End job
4:40						Rig down equipment
5:30 pm						Crew leave location

FINAL DISP. PRESS. na PSI BUMP PLUG TO na PSI BLEEDBACK na BBLs THANK YOU

LOG-TECH OF KANSAS, INC.

P.O. BOX 885
 GREAT BEND, KANSAS 67530
 (620) 792-2167

INVOICE

8381

Date 1-25-2015

CHARGE TO: Cherokee Operating LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. AFG 803174
 LEASE AND WELL NO. McCoy # 326 FIELD _____
 NEAREST TOWN Sullette COUNTY Maskell STATE K.S.
 SPOT LOCATION _____ SEC. 26 TWP. 28E RANGE TW
 ZERO Ground Level CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH #57 FLUID LEVEL 2600
 ENGINEER Lance Gregg OPERATOR J. Wetcher

PERFORATING					
Description	No. Shots	Depth		Amount	
		From	To		
<u>Set 4 1/2 casing</u>	<u>1</u>		<u>1917</u>	<u>850</u>	<u>00</u>

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>Dump 2x of cement A1</u>	<u>0</u>	<u>4118</u>	<u>4118</u>	<u>.17</u>	<u>150</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550</u>
<u>4 1/2 CIBIP 100-5 weatherford</u>	<u>1</u>	<u>750</u>

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.

Customer Signature _____ Date _____

Sub Total	<u>3265</u>	<u>96</u>
Code Ref.		
Tool Insurance		
Tax		
	<u>3074</u>	<u>00</u>

