

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

1245805

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

FIELD TICKET & TREATMENT REPORT
CEMENT

FOREMAN Dave Retzlaff

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
3-10-14	2199	Overton 2-21		21	24	40	Ham. / Ken
CUSTOMER							
Mailing Address				TRUCK #	DRIVER	TRUCK #	DRIVER
Chesapeake Oper 6000 Syracuse South to River Rd East to House west into				731	Jeremy		
				566	Bill		
					Kath		
					Cody		
CITY	STATE	ZIP CODE					

JOB TYPE <u>OHP</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>17</u>	CASING SIZE & WEIGHT <u>4 1/2</u>
CASING DEPTH <u>2442</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL <u>1.42</u>	WATER gal/sk <u>6.90</u>	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting. Rig up. Mix 100 sks at 60/40 with 150# cottonseed hulls. Displace to 600^{ft}. Run logs. Run tubing. Wait on pump truck. Mix 50 sks 60/40. Pull tubing. Mix 15 sks 60/40 to top off backside. Mix ~~100~~ sks to top casing off. Rig down.

AFE 803279

Thanks Dave & crew

[illegible]

Ravin 3737

AUTHORIZATION

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

LOG-TECH OF KANSAS, INC.

P.O. BOX 885

GREAT BEND, KANSAS 67530

(620) 792-2167

INVOICE

8424

Date 3-10-2015

CHARGE TO: Chesapeake Operating, Company

ADDRESS

R/A SOURCE NO.

LEASE AND WELL NO. Overton #2-21

CUSTOMER ORDER NO. AFE 807279

NEAREST TOWN Syracuse

FIELD

SPOT LOCATION NW 1/4 SE 1/4

COUNTY Hamilton

STATE KS

ZERO Ground level

SEC. 21

TWP. 24S

RANGE 40W

CUSTOMER'S T.D.

WEIGHT

ENGINEER Lance Gregg

LOG TECH #53

FLUID LEVEL Full

OPERATOR J. Velcher

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES

Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
Run GRILLAGE	0	600	Min	.71	930.00
" " "	600	0	Min	.29	580.00

MISCELLANEOUS

Description	Quantity	Amount
Service Charge	1	580.00

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.

Donnie Dink

Customer Signature

Date

Sub Total 2060.00

Code Ref. Tool Insurance

Tax

1957.00

WHITE - Original CANARY - File Copy PINK - Customer Copy GOLDENROD - Field Copy