



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

KANSAS CORPORATION COMMISSION 1247684
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

TO:
STATE CORPORATION COMMISSION
CONSERVATION DIVISION - PLUGGING
130 SOUTH MARKET, SUITE 2078
WICHITA, KANSAS 67202

API Well Number: 15-109-21379-0000
Spot: SW NW NW SE Sec/Twnshp/Rge: 19-14-32W
2080 feet from S Section Line
2440 feet from E Section Line
Lease/Unit Name: MCGUIRE B Well Number: 1

County: LOGAN Total Vertical Depth: 4408 feet

Operator License No.: 34639
Operator Name: BLACK TEA OIL LLC
Address: 1014 E 29TH ST
HAYS, KS. 67601

String	Size	Depth (ft)	Pulled (ft)
Conductor			
Surface	8 5/8	265'	180 SXS
Production	5 1/2	4406'	240 SXS
Liner			

Well Type: OIL UIC Docket No.: _____ Date/Time to Plug: 3-25-15 9:00AM
Plug Co. License No.: _____ Plug Co. Name: _____
Proposal Rcvd. from: _____ Company: K&M Phone: _____

Proposed
Plugging
Method

475 SXS 60/40 POZ 4% GEL 500# HULLS
16 SXS GEL
SHOOT PERFS @ 2100', 1030', 260'
PERFS @ 4436'-4342', 4324'-4332', 4288'-4294'

Plugging Proposal Received By: MARV MILLS Witness Type: All Partial Not Witnessed
Date/Time Plugging Completed: 3-25-15 3:30 PM KCC Agent: MARV MILLS

Actual Plugging Report:

RT TO 4310' PUMP 16 SXS GEL FOLLOW WITH 65 SXS CEMENT AND 250# HULLS
PT TO 2134' PUMP 300 SXS CEMENT WITH GOOD CIRCULATION OF CEMENT OUT
CASING AND THE BACK SIDE.
PT OUT TOP OFF WITH 50 SXS FULL

Remarks: GPS: 38.82040 100.91830 GLOBAL CEMENT TK # 1630

Plugged through: TUBING JESSE WITH BLACK TEA ON JOB

District: 04 Marvin Mills

Signed _____
(TECHNICIAN)