



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

KANSAS CORPORATION COMMISSION 1249222
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.

SERVICE POINT: Russell, KS

18048 170RD

TO

RUSSELL, KS 67665

DATE: 2-20-2015	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE # 200	WELL # 41	LOCATION		COUNTY	STATE		
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR: James Spence

TYPE OF JOB: PTP

HOLE SIZE: 7 7/8"

CASING SIZE: 5 1/2"

TUBING SIZE: 5 1/2"

DRILL PIPE: DEPTH

TOOL: DEPTH

PRES. MAX: MINIMUM

MEAS. LINE: SHOE JOINT

CEMENT LEFT IN CSG. PERFS

DISPLACEMENT: EQUIPMENT

PUMP TRUCK: CEMENTER Brand

BULK TRUCK: HELPER Brand

BULK TRUCK: DRIVER HUSTON

BULK TRUCK: DRIVER

PUMP TRUCK

BULK TRUCK

BULK TRUCK

DRIVER

REMARKS: 1st - 1000' GEL W/PTP H2O - 505X - 7 BBL DIS
2nd - 210' - 505X - 3 BBL DIS
3rd - 110' - TOP OFF WITH 405X

CHARGE TO: PTP

STREET

CITY STATE ZIP

PRINTED NAME: James Spence

SIGNATURE: James Spence

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.

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

DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	
MILEAGE	<u>33</u>
MANIFOLD	
TOTAL	

OWNER	
CEMENT AMOUNT ORDERED	<u>160 SX 60/100 Pz</u>
COMMON	
POZMIX	
GEL	
CHLORIDE	
ASC	<u>1000' GEL</u>
HANDLING	
MILEAGE	
TOTAL	

JOB FINISH	JOB START	ON LOCATION	CALLLED OUT	RANGE	LOCATION	COUNTY	STATE
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