



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

KANSAS CORPORATION COMMISSION 1253013
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

Form	CP4 - Well Plugging Record
Operator	Wells, Rodger D. dba Pioneer Resources
Well Name	ARTZ 1
Doc ID	1253013

Producing Formations

Formation	Top	Bottom	Total Depth
Topeka	3100	-931	
Heebner	3313	-1144	
Toranto	3343	-1174	
Lansing	3360	-1191	
Base KC	3600	-1431	
RTD	3635	-1466	

GLOBAL CEMENTING, L.L.C.

1635

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:

RUSSELL, KS

DATE <u>4-4-15</u>	SEC. <u>12</u>	TWP. <u>2</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION <u>12:00 PM</u>	JOB START <u>2:30 PM</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>ARTZ</u>	WELL #. <u>1</u>	LOCATION			COUNTY <u>PHILLIPS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR SAFILDS DRILLING
 TYPE OF JOB DRY HOLE PLUG
 HOLE SIZE 7 7/8 T.D. 1775
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS
 DISPLACEMENT

OWNER _____

CEMENT AMOUNT ORDERED 240 SY 60/40 POC
1 1/2 GEL 1/2 SY FLO SET

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER BRAD
 # P1 HELPER CHASE
 BULK TRUCK DRIVER NATHAN
 # B3
 BULK TRUCK DRIVER
 # _____

TOTAL _____

REMARKS:

1st - 1775' - 50 SY
2nd - 1325 - 100 SY
3rd - 275 - 50 SY
4th - 40' - 10 SY
RAT - 30 SY MOUSE - 15 SY

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

CHARGE TO: PIWEEB RESOURCES
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

Global Cementing, L.L.C.,
 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.

PRINTED NAME George Begler

SALES TAX (If Any) _____

GLOBAL CEMENTING, L.L.C.

1635

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: RUSSELL, KS

DATE <u>4-4-15</u>	SEC. <u>17</u>	TWP. <u>2</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION <u>12:00 PM</u>	JOB START <u>2:30 PM</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>ARTZ</u>	WELL #. <u>1</u>	LOCATION			COUNTY <u>PHILLIPS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR SHIELDS DRILLING
 TYPE OF JOB DRY HOLE PLUS
 HOLE SIZE 7 7/8 T.D. 1775
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS
 DISPLACEMENT

OWNER _____
 CEMENT AMOUNT ORDERED 240 SY 60/40 POZ
4% GEL TISSY FLO. SYL
 COMMON @ _____
 POZMIX @ _____
 GEL @ _____
 CHLORIDE @ _____
 ASC @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING @ _____
 MILEAGE @ _____
 TOTAL _____

EQUIPMENT
 PUMP TRUCK CEMENTER BAD
 # D1 HELPER CHASE
 BULK TRUCK DRIVER NATHAN
 # B3
 BULK TRUCK DRIVER
 # _____

REMARKS:
1st - 1775' - 50 SY
2nd - 1325' - 100 SY
3rd - 275' - 50 SY
4th - 40' - 10 SY
RAT - 30 SY MOUSE - 15 SY

CHARGE TO: PIPEREC RESOURCES
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE @ _____
 MILEAGE @ _____
 MANIFOLD @ _____
 _____ @ _____
 TOTAL _____

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PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

PRINTED NAME George Begler
 SIGNATURE George Begler

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