



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

KANSAS CORPORATION COMMISSION 1257027  
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



3285  
3210

TICKET NUMBER 49681  
LOCATION Ottawa KS  
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

Invoice # 804697

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-24-15	4709	Bartlett # 1	SE 9	23	16	CF
CUSTOMER <u>Layman Oil % K. Layman</u>						
MAILING ADDRESS <u>1998 Squirrel Rd</u>						
CITY <u>Neosho Falls</u>		STATE <u>KS</u>	ZIP CODE <u>66758</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>712</u>	<u>Fred Mad</u>		
			<u>485</u>	<u>Har Bec</u>		
			<u>548</u>	<u>Mik Haa</u>		

JOB TYPE Plug HOLE SIZE \_\_\_\_\_ HOLE DEPTH 950 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 950 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING Full  
 DISPLACEMENT N/A DISPLACEMENT PSI \_\_\_\_\_ MIX PSI 400\* RATE 3 BPM

REMARKS: Hold safety max. Establish pump rate into formation.  
Mix Pump 50 sks Pale Blend IA Cement 6% Gel. w/ 10#  
Cottonseed hulls. Pressure to 800\* PSI. Shut in well @  
300\* PSI.

Customer Supplied Water  
KCC Rep: Mike HeFren Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<del>CE0450</del>	1	PUMP CHARGE Plug to Abandon	495	1500.00
<del>CE0002</del>	10 mi	MILEAGE	495	71.50
<del>CE0711</del>	1/4 Minimum	Ton Miles Delivery	548	165.00
		Sub Total		1736.50
		-55%		955.08
		Subtotal		781.42
<u>4185</u> <del>CC5840</del>	50 sks	Pale Blend IA Cement	675.00	
<del>CC5965</del>	250#	Bentonite Gel	75.60	
<del>CC6080</del>	10#	Cottonseed hulls	5.00	
		Sub Total		755.60
		-55%		415.58
		Subtotal		340.02
		6.15%	SALES TAX	20.91
			ESTIMATED TOTAL	1142.36

AVIN 8787 AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE (2538.57)

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.