

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

1259584

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 #: 31295

Name: Prairie Oil, LLC

Address 1: 7553 W 295TH ST

Address 2: _____

City: LOUISBURG State: KS Zip: 66053 + 6136

Contact Person: TOM CAIN

Phone: (913) 755-2959

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 - 15-121-20160-00-00

Spot Description: _____

SW NE NE NW Sec. 27 Twp. 17 S. R. 22 ☒ East ☐ West

4804 Feet from ☐ North / ☒ South Line of Section

2979 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Miami

Lease Name: BRISTOW Well #: 3

Date Well Completed: _____

The plugging proposal was approved on: _____ (Date)

by: _____ (KCC District Agent's Name)

Plugging Commenced: 11/27/2013

Plugging Completed: 11/27/2013

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
		Surface	7	20	20
		Production	2.875	400	400

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.

FILLED TO SURFACE WITH 17 SKS OF 50/50 POZ CEMENT

Plugging Contractor License #: 32834 Name: JTC Oil, Inc.

Address 1: 35790 PLUM CREEK RD Address 2: _____

City: OSAWATOMIE State: KS Zip: 66064 + _____

Phone: (913) 755-2959

Name of Party Responsible for Plugging Fees: JTC OIL, INC.

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

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

264447

TICKET NUMBER 44885

LOCATION BHawra, KS

FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/27/13	4015	Bristow # ? 3	NW 27	17	22	M
CUSTOMER JTC Oil Inc						
MAILING ADDRESS 35688 Flom Creek						
CITY O sawatomie	STATE KS	ZIP CODE 66064				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Castle	✓	Safety Meeting
			6666	Garmbo	✓	
			558	Mat Coc	✓	
			370	Kei Car	✓	

JOB TYPE <u>plug</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>2"</u>
CASING DEPTH <u>400'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>full</u>
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>2 boun</u>

REMARKS: held safety meeting, established circulation through 1" tubing at casing TD, mixed & pumped 15 sks 50% Pozmix cement w/ 6% gel per sk cement to surface, pulled 1" tubing from well, topped well off w/ 2 sks cement, ~~packed zone~~ washed up equipment & tubing.

B + R

[illegible]

Ravin 3737

AUTHORIZTION

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.