



KANSAS CORPORATION COMMISSION 1268149
OIL & GAS CONSERVATION DIVISION

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

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.

Table with 6 columns: Oil, Gas or Water Records (Formation, Content), Casing Record (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.
(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

Summary of Changes

Lease Name and Number: HELWICK 4

API/Permit #: 15-053-20533-00-00

Doc ID: 1268149

Correction Number: 1

Field Name	Previous Value	New Value
CasingRecordCasing_1		Surface
CasingRecordCasing_2		Production
CasingRecordSetting_1		246
CasingRecordSetting_2		2654
CasingRecordSize_1		8.6250
CasingRecordSize_2		4.500
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1268101	../../kcc/detail/operatorEditDetail.cfm?docID=1268149