



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

KANSAS CORPORATION COMMISSION 1268579
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

Mike's Testing & Salvage Inc.

DBA Kelso Well Service

P.O. Box 467


Invoice

Date	Invoice #
10/13/2015	15179

Bill To
Smith Oil Operations P.O. Box 550 Hutchinson, Kansas 67504-550

OCT 19 2015

P.O. No.	County	Lease
Teo - Rig #3	Stafford	Fair #2

Qty	Description	Rate	Amount
10	Hours Rig Time	195.00	1,950.00T
600	Feet 2-3/8" Tubing Rental	0.50	300.00T
5	Sacks Cement	15.00	75.00T
	Sand	40.00	40.00T
	Thread Dope	20.00	20.00T
	10-1-15 Set in on location, rigged up, dug cellar and pit, sanded off bottom to 3280'. loaded up 600 ft. of 2-3/8" tubing. 4 Hrs.		
	10-2-15 Dumped 5 sacks cement with bailer on top of sand, ran 2-3/8" tubing to 600', rigged up cement truck, pumped 10 sxs. gel and 205 sxs 60/40 pos, 4% gel and circulated to surface. Laid down tubing, topped off with 10 sxs. cement. Tore down and moved off, Plugging Complete. 6 Hours.		
	No State Plugger On Location:		
	Sales Tax	7.50%	178.88
			
Total			\$2,563.88